

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF DELAWARE

Case number (if known)

Chapter

7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Arena Football League LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 61-1603730

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

1600 Market Street, Suite 2600
Philadelphia, PA 19103

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Philadelphia
County

Location of principal assets, if different from principal place of business

Philadelphia, PA 19103

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.arenafootball.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor **Arena Football League LLC**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

7113**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. **Check all that apply:**
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Arena Football League LLC**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*☐ Funds will be available for distribution to unsecured creditors.☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**☐ 1-49☐ 50-99☐ 100-199☒ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor

Arena Football League LLC

Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 27, 2019**

MM / DD / YYYY

X /s/ Randall Boe

Signature of authorized representative of debtor

Randall Boe

Printed name

Title **Commissioner**

18. Signature of attorney

X /s/ Michael R. Lastowski

Signature of attorney for debtor

Date **November 27, 2019**

MM / DD / YYYY

Michael R. Lastowski

Printed name

Duane Morris LLP

Firm name

**222 Delaware Avenue, Suite 1600
Wilmington, DE 19801-1659**

Number, Street, City, State & ZIP Code

Contact phone **302-657-4900**

Email address **MLastowski@duanemorris.com**

3832 DE

Bar number and State

Fill in this information to identify the case:Debtor name Arena Football League LLCUnited States Bankruptcy Court for the: DISTRICT OF DELAWARE

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 27, 2019**X /s/ Randall Boe**

Signature of individual signing on behalf of debtor

Randall Boe

Printed name

Commissioner

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Arena Football League LLC**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **1,277,672.56****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **1,277,672.56****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **3,970,373.77****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **299.16****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **17,222,388.77****4. Total liabilities**
Lines 2 + 3a + 3b\$ **21,193,061.70**

Fill in this information to identify the case:Debtor name **Arena Football League LLC**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Boston Private Bank****5773****\$0.00**3.2. **Boston Private Bank****7010****\$0.00**3.3. **PNC Bank****3775****\$0.00**3.4. **PNC Bank****3783****\$0.00**3.5. **PNC Bank****3812****\$0.00**3.6. **PNC Bank****3847****\$0.00**3.7. **PNC Bank****3855****\$0.00**

Debtor **Arena Football League LLC**
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3.8. **PNC Bank** **4612** **\$0.00**3.9. **PNC Bank** **4655** **\$0.00**3.10. **PNC Bank** **4772** **\$0.00**3.11. **PNC Bank** **4171** **\$0.00**4. **Other cash equivalents (Identify all)**5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit7.1. **Columbus Location Security Deposit** **\$6,276.00**7.2. **Albany Players Housing Security** **\$6,207.00**7.3. **Philadelphia Players Housing Security - Autumn Ridge** **\$13,595.38**7.4. **Retainer for labor and employment matters: Kamer Zucker Abbott** **\$5,000.00**7.5. **Retainer for labor and employment matters - Franczek Radelet P.C.** **\$5,000.00**8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment8.1. **National Union Fire Insurance Company of Pittsburgh - escrow** **\$50,000.00**

Debtor **Arena Football League LLC**
Name

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9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$86,078.38**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. Accounts receivable

11b. Over 90 days old:	<u>14,291.00</u>	-	<u>14,291.00</u> =....	<u>\$0.00</u>
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	<u>37,000.00</u>	-	<u>37,000.00</u> =....	<u>\$0.00</u>
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	<u>1,856.00</u>	-	<u>0.00</u> =....	<u>\$1,856.00</u>
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	<u>1,690.00</u>	-	<u>0.00</u> =....	<u>\$1,690.00</u>
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	<u>4,950.00</u>	-	<u>0.00</u> =....	<u>\$4,950.00</u>
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	<u>12,865.00</u>	-	<u>0.00</u> =....	<u>\$12,865.00</u>
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	<u>2,500.00</u>	-	<u>0.00</u> =....	<u>\$2,500.00</u>
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	<u>2,972.50</u>	-	<u>0.00</u> =....	<u>\$2,972.50</u>
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	<u>8,000.00</u>	-	<u>0.00</u> =....	<u>\$8,000.00</u>
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	<u>17,600.00</u>	-	<u>0.00</u> =....	<u>\$17,600.00</u>
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	<u>25,410.00</u>	-	<u>0.00</u> =....	<u>\$25,410.00</u>
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	<u>500.00</u>	-	<u>0.00</u>	=	<u>\$500.00</u>
	face amount		doubtful or uncollectible accounts		

\$82,843.50

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Raw materials				
Work in progress				
Finished goods, including goods held for resale				
Other inventory or supplies				
Misc. merchandise inventory: crew socks, Spalding leather autograph, Various team logo t-shirts, hats, sweatshirts, other logo clothing, team logo replica jerseys, team logo football helmets, team logo footballs, team logo drawstring bags, team logo water bottles,		\$24,280.04		\$24,280.04

Debtor **Arena Football League LLC**

Name

Case number (If known)

(Baltimore Brigade &
 Washington Valor
 Medical Supplies):
 elastikon elastic tape,
 lightplast pro tape,
 powerflex cohes, tubular
 compressions, 4 tall
 adult crutches, 4 reg.
 adult crutches, 4 boxes
 of mouthguards,
 powerflo 10 water
 pumps, 6 boxes of
 addaprin 200 mg tablets,
 mueller pro strips, 4 jars
 of atomic balm, hsi
 3antbtc, lidopro patch,
 first aid only ammonia
 inhalants, bag ice
 disposable, 6 taping
 tables w/storage and
 removable tops, 6
 normatec w/leg
 attachments, 2 wilson
 rolling medical trunks.
 Baltimore Brigade: 2
 medical stools, 2
 Hausmann tables,
 Richman Stim Tower,
 Scotsman ice Machine
 25lb., Normatec,
 waterboy, 2 foam rollers,
 8-10 gal. gatorade
 coolers, 6-6 gal.
 gatorade cooler, 6 ice
 chests, 8 boxes of
 gatorade carriers,
 1000/box gatorade
 bottles, 2 hydroculators,
 10 hot packs, 10 covers,
 40 boxes of powerflex, 4
 boxes of pre-wrap, 20
 cases of stretch, 20
 boxes of tubigrip, 2
 bozes, scotchcast
 material, 4 heel and lace,
 4 bags, 4 cases of ice
 bags, 4 cases of
 flexi-wrap, 2 cases of
 tuff skin, 2 cases of
 atomic balm, numerous
 opened packages of
 loose gauze, bandaids,
 tefla, padding, blister
 control, applicators, otc
 meds, skin cleaners,
 flexall, biofreeze,
 thermometers, scissors,
 sharks

Unknown

Unknown

Debtor **Arena Football League LLC**
Name

Case number (If known) _____

Monumental Sports
 Items in Storage:
 MSE Current Storage
 Pallet Count
 Valor t-shirts 2
 Valor Coasters 1
 Valor Flags 1
 Brigade t-shirts 3
 Brigade Jerseys 1
 Valor Jerseys 1
 Valor Inflatables 2

Unknown

Unknown

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$24,280.0424. **Is any of the property listed in Part 5 perishable?**

☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Misc. office furniture & equipment: worksurfaces, tables, chairs, mobile pedestals, guest chairs, mobile dry erase boards, white boards, tshirt cannon, ticket printers, swivel arm chairs, executive chairs, file cabinets, conference tables,	\$27,020.87		\$36,741.81
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Computers, computer equipment, tv's	\$3,637.00		\$5,901.63

Debtor **Arena Football League LLC**
Name

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42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$42,643.4444. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Columbus Destroyers: field system, football equipment, furniture, speedflex helmets, shoulder pads, first down markers, player uniforms, practice jerseys, tripod, helmet visors, headsets, 3 portable tv stands, floor pads, 28 portable lockers, 30 player travel bags, 2 inflatable walls, 2 blowers, video camera, pole for video camera, 2 press conference backdrops, rigging equipment, 1000 group t-shirts	\$75,425.12	N/A	\$90,375.48
Albany Empire: field system, football equipment, and furniture	\$138,170.00	N/A	\$170,055.00
Atlantic City Blackjacks: football equipment, and furniture	\$26,471.29	N/A	\$32,860.91
Philadelphia Soul: field system, football equipment, and furniture (fully depreciated)	\$0.00		\$0.00

Debtor **Arena Football League LLC**
Name

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Baltimore Brigade: field system, dasher pads, goal posts, intro inflatable helmet, qb challenge inflatable, retractable banners (20), down and distance markers, 16 lockers, water dispenser, 3 stand up practice dummies, 4 25# ol/dl hand bags, 5 hand shields, 4 step over pads, 10 red helmet skullies, 1 football on a stick, 13 riddell speed flex helmets, 48 riddell speed helmets, 22 riddell rev speed speed helmet, 16 360 speed helmets, 65 should pads various sizes and models, 370 2018 afl footballs, 80 phenom elite jerseys, 80 phenom elite pants, promo t-shirts, promo koozies, 3 dell laptops, 1 desktop monitor, 1 office printer, 5 desk units, 8 desk chairs, 3 filing cabinets, 4 tvs, 9 white boards, 40 meeting chairs, 10 meeting tables, 1 projector w/projector screen, 3 tv stands, hipod video equipment (field and equipment is fully depreciated)

\$201,000.00

N/A

\$0.00

Washington Valor: field system, intro inflatable & blowers, jersey inflatables, valor promo t-shirts, valor promo coasters, Valor sth jersey giveaways, dasher pads, field goal posts, down and distance markers, mascot uniform, qb challenge inflatable, 10 retractable banners, 114 practice jerseys, 40 practice pants, 18 equipment bags, 136 game socks, 19 revo speed helmets, 20 revo speed flex helmets, 21 revo speed icon helmets, 3 schutt helmets, 2 vicis helmets, 40 riddell spk power shoulder pads, 12 riddell spx power shoulder pads, 5 misc. should pads, 98 uniform pants, washer/dryer, 3 tvs, 2 printers, 3 wall mounted white boards, 1 bag of 11 assorted riddell facemasks, 1 juggs machine, 6 step over pads, 1 football on a stick, 10 riddell spk back plates, 5 riddell spk rib protectors, 2 linehman hand pads, 1 riddell quipment case, 2 agility ladders, 33 agility cones, 3 20 ft. extension cords, 5 arm shields, 1 body opponent bag, 5 pop-up dummies, 2 agility circles, 6 hand shields, 1 inflatable wall, 2 sony handcam video cmaeras, 2 tripods, 1 hi-pod tower, 2 charging kits, 2 extra batteries (football equipment is fully depreciated)

\$124,000.00

N/A

\$109,000.00

Atlantic City field system

\$228,422.82

N/A

\$228,422.82

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$630,714.2152. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

Debtor **Arena Football League LLC**
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- ☐ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets US Patent Trademark - Austin Wranglers US Patent Trademark - Columbus Destroyers US Patent Trademark - Georgia Force US Patent Trademark - Las Vegas Sting US Patent Trademark - Utah Blaze US Patent Trademark - Las Vegas Outlaws US Patent Trademark - #Betonus US Patent Trademark - New "A" logo US Patent Trademark - New AFL logo US Patent Trademark - Arena Football US Patent Trademark - Las Vegas Avengers US Patent Trademark - Grand Rapids Rampage Premium domain registration - columbusdestroyers.com US Patent Trademark - Atlantic City Gamblers US Patent Trademark - Atlantic City Jackpot US Patent Trademark - Atlantic City High Rollers US Patent Trademark - Atlantic City Blackjacks US Patent Trademark - Atlantic City Royals			
	\$411,112.99	N/A	\$411,112.99

Copyrights held: Arena Football League 1997 Operations Manual (CR#TX0004600651); Predators & 14 other titles (CR# V3498D519); Predators & 10 other titles (CR#V3498D484); Arena Football 1998 Rules Book (CR#TX0004648510); Orland Predators Logo Sheet (CR#VA0002141714); Quad City Steamwheelers (CR#VA0001881612); Atlantic City Blackjacks Logo Sheet (CR#VA0002157273)

Unknown N/A

\$0.00

Canadian Trademarks held: Arena Football League (Reg. #TMA596548); Canadian Arena Football League (Reg. #TMA596548; Phantoms Toronto (and design) (Reg. #TMA591628); Toronto Phantoms (Reg. #TMA591310)

Unknown N/A

\$0.00

Debtor Arena Football League LLC
Name

Case number (if known) _____

A (Serial #88250558); AFL (Reg. #1855376);
 AFL (Reg. #2854605); AFL (Reg. #3954765);
 AFL (Reg. #5849448); AFL Alumni (Reg.
 #4225800); AFL Arena Football League (Reg.
 #2783006); AFL Arena Football League (Reg.
 #2948918); albany Empire (Reg. #5542742);
 Albany Empire (Reg. #88531623); Albany
 Firebirds (Reg. #2171072); All Fun League
 (Serial #88455273); Arena Football (Reg.
 #2842045); Arena Football (Reg. #2865869);
 Arena Football (Serial #88253885); Arena
 Football 2 (Reg. #2824353); Arena Football
 League (Reg. #2829105); Arena Football One
 (Reg. #4143049); Arenaball (Reg. #1540429);
 Arenabowl (Reg. #1602917); Arenacup (Reg.
 #2842133); ArenaFootball2 (Reg. #2875985);
 Atlantic City Blackjacks (Serial #88332490);
 Atlantic City Blackjacks (Reg. #5870025);
 Atlantic City Blackjacks (Serial #88332480);
 Atlantic City Gamblers (Serial #88284596);
 Atlantic City High Rollers (serial #88284636);
 Atlantic City Jackpot (Serial #88284620);
 Atlantic City Royals (Serial #88285070); Austin
 Wranglers (Serial #88249926); Baltimore
 Brigade (Serial #87496494); B (and shield
 design) (Serial #87496475); Chicago Rush
 (Reg. #2706181); C Cleveland Gladiators (Reg.
 #4142269); Columbus Destroyers (Serial
 #88249957); Columbus Destroyers (Serial
 #88975528) Georgia Force (Serial #88250003)

Unknown N/A

\$0.00

Grand Rapids Rampage (Serial #88250015);
 Greatest Show on Turf (Serial #88455280);
 Jacksonville Sharks (Reg. #4517955);
 Jacksonville Sharks (Reg. #4517956); Las
 Vegas Outlaws (Reg. #5084840); Las Vegas
 Outlaws (Serial #88250200); Las Vegas Sting
 (Serial #88250028); Let's Take it Inside (Serial
 #88455243); Los Angeles Avengers (Serial
 #88250214); New Orleans Voodoo (Reg.
 #2870070); New Orleans Voodoo (Reg.
 #2870174); New Orleans Voodoo (Reg.
 #2977230); New Orleans Voodoo Dolls (Reg.
 #2920531); Orlando Predators (Serial
 #88300750); Orlando Predators (88300766);
 Philadelphia Soul (Reg.
 #3352794/3335647/3335646/3335645/3402219/3
 398871/3398870/3398869 & 3362796)
 Philly Soul (Reg. #3352802); Pittsburgh Power
 (Reg. #4143405); San Antonio Talons (Reg.
 #4360841/4383014); Spokane Shock (Reg.
 #3665157); The Brawl Inside the Wall (Reg.
 #2247499); Utah Blaze (Serial #88250223);
 Washington Valor (Serial #87496508); V
 Washington Valor (Serial #87496508);
 #BETONUS (Serial #88253761);
 #SHAKETHEROOM (Serial #88455298)

Unknown N/A

\$0.00

61. Internet domain names and websites

Debtor **Arena Football League LLC**
Name

Case number (if known) _____

Arenafootball.com; Philadelphiasoul.com;
 theAlbanyEmpire.com; ACBlackjacks.com;
 BaltimoreBrigade.com; WashingtonValor.com;
 ColumbusDestroyers.com; Acgamblers.com;
 acjackpot.com; Achighrollers.com;
 Theacroyals.com; baltimoreafl.com;
 baltimoreafl.info; baltimoreafl.net;
 baltimoreafl.org; baltimorebrigade.com;
 baltimorebrigade.info; baltimorebrigade.org;
 baltimorebrigade.us; baltimorebrigade.net;
 brigadebet.com; brigadebetting.com;
 brigadegamble.com; brigadegamblers.com;
 brigadegambling.com; brigadewager.com;
 columbusafl.com; dcbrigade.com;
 valor.football; valorgamble.com;
 valorgamblers.com; valorgambling.com;
 valorwager.com; washbrigade.com;
 washingtonafl.net; washingtonafl.com;
 washingtonafl.org; washingtonafl.info;
 washingtonbrigade.com;
 washingtondcbrigade.com;
 washingtondcvalor.com;
 washingtonvalor.com; washvalor.com,
 Premium Domain Registration -
 achighrollers.com; Premium Domain
 Registration -acgamblers.com; Premium
 Domain Registration - acjackpot.com;
 Premium Domain Registration -
 acblackjacks.com; Premium Domain
 Registration - the acroyals.com

\$0.00

\$0.00

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations
Marketing lists (customer contact information
for marketing)

Unknown

Unknown

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$411,112.99

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☐ No☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No☐ Yes**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 11

Debtor **Arena Football League LLC**
Name

Case number (If known) _____

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **Arena Football League LLC**
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$86,078.38	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$82,843.50	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$24,280.04	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$42,643.44	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$630,714.21	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$411,112.99	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$1,277,672.56	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,277,672.56

Fill in this information to identify the case:Debtor name **Arena Football League LLC**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Anacostia Sports LLC <small>Creditor's Name</small> 601 F. Street, NW Washington, DC 20004 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 8/21/2019 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien UCC1 Financing Statement filed on 10/23/2019 at SOS-DE Describe the lien Senior Secured Convertible Promissory Note Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,393,939.00	\$0.00

2.2	Anacostia Sports LLC <small>Creditor's Name</small> 601 F. Street, NW Washington, DC 20004 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 9/5/2019 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien UCC1 Financing Statement filed on 10/23/2019 at SOS-DE Describe the lien Senior Secured Convertible Promissory Note Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$725,000.00	\$0.00
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Debtor **Arena Football League LLC**

Case number (if know)

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3 Anacostia Sports LLC**

Creditor's Name

**601 F. Street, NW
Washington, DC 20004**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**9/19/19****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$550,000.00**\$0.00****UCC1 Financing Statement filed on
10/23/2019 at SOS-DE**

Describe the lien

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Sportsfield Specialties, Inc.**

Creditor's Name

**41155 NY-10
Delhi, NY 13753**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$51,434.77**\$0.00**

Describe the lien

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 White Winston Select Asset Funds, LLC**

Creditor's Name

**265 Franklin Street, Suite
1702
Boston, MA 02110-3144**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$250,000.00**\$0.00**

Describe the lien

Secured Promissory Note (amount owed is in excess of \$250,000.00)

Debtor **Arena Football League LLC**
Name

Case number (if know)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$3,970,373.7
7**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **Arena Football League LLC**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Government of the District of Columbia 1101 4th Street, SW, Suite W270 Washington, DC 20024 Date or dates debt was incurred 10/29/19 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: unpaid taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$299.16 \$299.16

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address Acadian Ambulance Service P.O. Box 92970 130 E. Kaliste Saloom road Lafayette, LA 70509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$388.52
3.2	Nonpriority creditor's name and mailing address Accelerated Rehabilitation Centers 2396 Momentum Place Chicago, IL 60689 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,844.00

Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.3	Nonpriority creditor's name and mailing address Addison, Dominic J 7021 Filbert Lane Tampa, FL 33637 Date(s) debt was incurred ____ Last 4 digits of account number <u>497</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$687.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.4	Nonpriority creditor's name and mailing address Adelson Mclean, APC 895 Dove Street, Suite 300 Newport Beach, CA 92660 Date(s) debt was incurred <u>10/31/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,910.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.5	Nonpriority creditor's name and mailing address Adirondack Technical Solutions LLC 5457 State Route 40 Argyle, NY 12809 Date(s) debt was incurred <u>10/1/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$392.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	Nonpriority creditor's name and mailing address ADP P.O. Box 842875 Boston, MA 02284-2875 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,815.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address Adrian Battles c/o Glenn Stuckey 1McArthur Place, Suite 200 Santa Ana, CA 92707 Date(s) debt was incurred ____ Last 4 digits of account number <u>5239</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation action</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	Nonpriority creditor's name and mailing address Adrian McPherson c/o Pro Athlete LAW Group 401 B St #2350 San Diego, CA 92101 Date(s) debt was incurred ____ Last 4 digits of account number <u>6406</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address Adron Terrell c/o Tim English, Esquire 3150 Almaden Expressway, #147 San Jose, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number <u>9755</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Arena Football League LLC		Case number (if known)
	Name		
3.10	Nonpriority creditor's name and mailing address Advantage Warehousing & Logistics 7050 Lindell Road, #160 Las Vegas, NV 89118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>storage facility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,632.50
3.11	Nonpriority creditor's name and mailing address AFLPU 6300 Powers Ferry Road Atlanta, GA 30339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,366.98
3.12	Nonpriority creditor's name and mailing address AIA Whats Up Promotions 8148 Solutions Center Chicago, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$727.52
3.13	Nonpriority creditor's name and mailing address AIG Property Casualty Inc. c/o Sidley Austin LLP 787 Seventh Avenue Attn: Andrew D. Hart New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.14	Nonpriority creditor's name and mailing address Albany Advanced Imaging P.O. Box 74 Latham, NY 12110 Date(s) debt was incurred ____ Last 4 digits of account number <u>aeft</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,385.00
3.15	Nonpriority creditor's name and mailing address Albany Times Union P.O. Box 80068 Prescott, AZ 86304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,469.98
3.16	Nonpriority creditor's name and mailing address All About Therapy 501 E. Sugarland Hwy. Clewiston, FL 33440 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$444.00

Debtor	Arena Football League LLC Name	Case number (if known)
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3.17	Nonpriority creditor's name and mailing address All Service Moving 66 SE Morrison Portland, OR 97214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,352.96
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3.18	Nonpriority creditor's name and mailing address Allied Storage Containers 3420 Chateau Drive East New Market, MD 21631 Date(s) debt was incurred ____ Last 4 digits of account number <u>1621</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.80
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3.19	Nonpriority creditor's name and mailing address Alpha Media LLC 1211 SW 5th Avenue, Suite 750 Portland, OR 97204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>radio broadcasting of Portland games</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,902.59
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3.20	Nonpriority creditor's name and mailing address Amarri Jackson c/o Pro Athlete Law Group 401 B St #2350 San Diego, CA 92101 Date(s) debt was incurred ____ Last 4 digits of account number <u>0103</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.21	Nonpriority creditor's name and mailing address American Express P.O. Box 30384 Salt Lake City, UT 84130 Date(s) debt was incurred ____ Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$695.20
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3.22	Nonpriority creditor's name and mailing address American Express P.O. Box 30384 Salt Lake City, UT 84130 Date(s) debt was incurred ____ Last 4 digits of account number <u>2000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,309.53
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3.23	Nonpriority creditor's name and mailing address American Express P.O. Box 30384 Salt Lake City, UT 84130 Date(s) debt was incurred ____ Last 4 digits of account number <u>1006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,228.36
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Debtor	Arena Football League LLC		Case number (if known)
	Name		
3.24	Nonpriority creditor's name and mailing address American Express P.O. Box 30384 Salt Lake City, UT 84130 Date(s) debt was incurred ____ Last 4 digits of account number <u>2009</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,231.56
3.25	Nonpriority creditor's name and mailing address American Express P.O. Box 30384 Salt Lake City, UT 84130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,830.60
3.26	Nonpriority creditor's name and mailing address Amos, Anthony 5551 Livingston Drive Fayetteville, NC 28311 Date(s) debt was incurred ____ Last 4 digits of account number <u>579</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,417.50
3.27	Nonpriority creditor's name and mailing address Anacostia Sports LLC 601 F. Street, NW Washington, DC 20004 Date(s) debt was incurred <u>4/26/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000,000.00
3.28	Nonpriority creditor's name and mailing address Anacostia Sports LLC 601 F. Street, NW Washington, DC 20004 Date(s) debt was incurred <u>5/23/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250,000.00
3.29	Nonpriority creditor's name and mailing address Anacostia Sports LLC 601 F. Street, NW Washington, DC 20004 Date(s) debt was incurred <u>7/3/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,250,000.00
3.30	Nonpriority creditor's name and mailing address Ancero LLC 1001 Briggs Road, Suite 220 Mount Laurel, NJ 08054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,086.03

Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.31	Nonpriority creditor's name and mailing address Andrew Holland 10503 NE Oak Brooker Vancouver, WA 98662 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$581.84
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3.32	Nonpriority creditor's name and mailing address Andrews, Donell 614 Ralston Avenue Pikesville, MD 21208 Date(s) debt was incurred ____ Last 4 digits of account number <u>1081</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$551.25
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3.33	Nonpriority creditor's name and mailing address Anthony Herron 1305 S. Michigan Avenue, Apt. 804 Chicago, IL 60605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>breach of contract suit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,749.08
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3.34	Nonpriority creditor's name and mailing address Arden Echelon Partners, LLC 201 Laurel Road Voorhees, NJ 08043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,685.52
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3.35	Nonpriority creditor's name and mailing address ASC Downtown Surgery Center 801 N. Orange Avenue, Suite 630 Orlando, FL 32801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$523.55
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3.36	Nonpriority creditor's name and mailing address Asset Recovery Group, Inc. P.O. Box 14949 Portland, OR 97293 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,427.07
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3.37	Nonpriority creditor's name and mailing address Associated Patho 12350 Collection Center Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$366.93
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Debtor	Arena Football League LLC Name	Case number (if known)
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3.38	Nonpriority creditor's name and mailing address Associated Reproduction Services 13925 Whittier Blvd. Whittier, CA 90605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$524.39
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3.39	Nonpriority creditor's name and mailing address Athens Orthopaedic Clinic 1765 Old West Broad Street P.O. Box 101709 Athens, GA 30606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
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3.40	Nonpriority creditor's name and mailing address Athletes Performance 6155 Sports Village road, Suite 400 Frisco, TX 75034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,305.75
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3.41	Nonpriority creditor's name and mailing address Athletic Decals Inc. 8800 Bissonnet Street, Suite N Houston, TX 77074 Date(s) debt was incurred <u>4/4/2019</u> Last 4 digits of account number <u>7802</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$258.90
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3.42	Nonpriority creditor's name and mailing address Atlantic City Weekly 1000 West Washington Street Pleasantville, NJ 08232 Date(s) debt was incurred <u>8/31/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,063.00
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3.43	Nonpriority creditor's name and mailing address Atoe, James D 18544 96th Avenue E Puyallup, WA 98375 Date(s) debt was incurred ____ Last 4 digits of account number <u>781</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,219.80
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3.44	Nonpriority creditor's name and mailing address Austin, Rodney B 38 Pickering Lane Troy, NY 12180 Date(s) debt was incurred ____ Last 4 digits of account number <u>837</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,915.00
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Debtor	Arena Football League LLC Name _____	Case number (if known) _____
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3.45	Nonpriority creditor's name and mailing address Autumn Ridge Apartments 1501 Little Gloucester Road Cope, CO 80812 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,372.39
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3.46	Nonpriority creditor's name and mailing address Bailey, Willie C 16101 NW 17th Place Opa Locka, FL 33054 Date(s) debt was incurred ____ Last 4 digits of account number <u>881</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$438.75
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3.47	Nonpriority creditor's name and mailing address Baltimore Sun P.O. Box 3132 Boston, MA 02241-3132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
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3.48	Nonpriority creditor's name and mailing address Barber, Robert 10513 191st Court East Puyallup, WA 98374 Date(s) debt was incurred ____ Last 4 digits of account number <u>1014</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,837.50
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3.49	Nonpriority creditor's name and mailing address Barnett, Phillip M 2010 Queen Avenue Middletown, OH 45044 Date(s) debt was incurred ____ Last 4 digits of account number <u>562</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$877.50
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3.50	Nonpriority creditor's name and mailing address Barton Malow Company 300 Spruce Street, Suite 120 Columbus, OH 43215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,000.00
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3.51	Nonpriority creditor's name and mailing address Bashor's Team Athletics 4810 N. interstate Avenue Portland, OR 97217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,684.86
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.52	Nonpriority creditor's name and mailing address Bates, Leonardo 1048 Carmadelle Street Marrero, LA 70072 Date(s) debt was incurred ____ Last 4 digits of account number <u>339</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,850.00
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3.53	Nonpriority creditor's name and mailing address Beacon Advisors, Inc. 1912 N. Hudson Avenue Chicago, IL 60614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
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3.54	Nonpriority creditor's name and mailing address Bell, Wilson 1629 Carlisle Drive West Mobile, AL 36618 Date(s) debt was incurred ____ Last 4 digits of account number <u>946</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,145.00
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3.55	Nonpriority creditor's name and mailing address Benji McDowell 12544 Honeychurch St Raleigh, NC 27614 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>severance pay</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.56	Nonpriority creditor's name and mailing address Benson, Mykel A 1791 Halfmoon Street NW Palm Bay, FL 32907 Date(s) debt was incurred ____ Last 4 digits of account number <u>227</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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3.57	Nonpriority creditor's name and mailing address Big Game USA 13835 Welch Road Dallas, TX 75244 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,671.88
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3.58	Nonpriority creditor's name and mailing address Blue Star Charters and Tours 8250 NE Martin Luther King Jr. Blvd. Portland, OR 97211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>charter services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$790.63
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.59	Nonpriority creditor's name and mailing address Boles, Christopher 1011 Homer Street Toledo, OH 43608 Date(s) debt was incurred _____ Last 4 digits of account number <u>1049</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,165.63
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3.60	Nonpriority creditor's name and mailing address Bouldin, Daronte 110 Johnson Avenue Canton, MS 39046 Date(s) debt was incurred _____ Last 4 digits of account number <u>1025</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$525.00
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3.61	Nonpriority creditor's name and mailing address Bowen, Kevin 1568 Tarleton Street Spring Valley, CA 91977 Date(s) debt was incurred _____ Last 4 digits of account number <u>1066</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,205.00
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3.62	Nonpriority creditor's name and mailing address Boy Scouts of America 807 Kinnear Road Columbus, OH 43212 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
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3.63	Nonpriority creditor's name and mailing address Boyd, Shane 552 Glen Arvin Avenue Lexington, KY 40508 Date(s) debt was incurred _____ Last 4 digits of account number <u>118</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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3.64	Nonpriority creditor's name and mailing address Brandingmerchandise.com 28255 SE Wally Road Boring, OR 97009 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,318.61
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3.65	Nonpriority creditor's name and mailing address Brantley, Harold 651 Springhouse Lane Hummelstown, PA 17036 Date(s) debt was incurred _____ Last 4 digits of account number <u>890</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,307.50
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Debtor	Arena Football League LLC		Case number (if known)
	Name		
3.66	Nonpriority creditor's name and mailing address Brian Buckley 704 Evergreen Circle Las Vegas, NV 89107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.67	Nonpriority creditor's name and mailing address Brian Perkins 14655 SW 76th Avenue, #1 Portland, OR 97224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.68	Nonpriority creditor's name and mailing address Briggs, Christian 42349 Bateman Road Franklinton, LA 70438 Date(s) debt was incurred ____ Last 4 digits of account number <u>1041</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,120.00
3.69	Nonpriority creditor's name and mailing address Brown, Arkeith 407 La Bradford Bay City, TX 77414 Date(s) debt was incurred ____ Last 4 digits of account number <u>228</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,314.19
3.70	Nonpriority creditor's name and mailing address Brown, Brandon 3768 Tortosa Court San Ramon, CA 94583 Date(s) debt was incurred ____ Last 4 digits of account number <u>1050</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
3.71	Nonpriority creditor's name and mailing address Brown, Lamark 6316 Paddock Glen Drive, Apt: 303 Tampa, FL 33634 Date(s) debt was incurred ____ Last 4 digits of account number <u>484</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,933.25
3.72	Nonpriority creditor's name and mailing address Brown, Marvis 6696 Hudnall Road Orange, TX 77632 Date(s) debt was incurred ____ Last 4 digits of account number <u>1069</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$367.50

Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.73	Nonpriority creditor's name and mailing address Brown, Sean Bernard 863 Macon Place Uniondale, NY 11553 Date(s) debt was incurred ____ Last 4 digits of account number <u>891</u>	As of the petition filing date, the claim is: Check all that apply. \$826.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address Browning, Paul J 1155 Bella Springs View, Apt: 514 Colorado Springs, CO 80921 Date(s) debt was incurred ____ Last 4 digits of account number <u>693</u>	As of the petition filing date, the claim is: Check all that apply. \$4,410.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.75	Nonpriority creditor's name and mailing address Broxton, Jarell 787 Quince Orchard Road, Apt: 31 Gaithersburg, MD 20878 Date(s) debt was incurred ____ Last 4 digits of account number <u>979</u>	As of the petition filing date, the claim is: Check all that apply. \$2,756.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.76	Nonpriority creditor's name and mailing address Bruno Silva 528 Live Oak Lane Fort Lauderdale, FL 33327 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$245.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.77	Nonpriority creditor's name and mailing address Buck's Bags, Inc. 2401 W. Main Street Boise, ID 83702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,961.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.78	Nonpriority creditor's name and mailing address Bullock, Zackery E 4801 Mackerel Drive Sebring, FL 33870 Date(s) debt was incurred ____ Last 4 digits of account number <u>783</u>	As of the petition filing date, the claim is: Check all that apply. \$8,223.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.79	Nonpriority creditor's name and mailing address Bunn, Marinus 1870 Prince Edward Drive Elon, NC 27244 Date(s) debt was incurred ____ Last 4 digits of account number <u>965</u>	As of the petition filing date, the claim is: Check all that apply. \$3,071.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Arena Football League LLC Name	Case number (if known)
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3.80	Nonpriority creditor's name and mailing address Burgess, Jamaal 26443 Southwest 122nd Place Homestead, FL 33032 Date(s) debt was incurred ____ Last 4 digits of account number <u>1092</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$551.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.81	Nonpriority creditor's name and mailing address Calloway, Derrick 6803 34th Avenue Palmetto, FL 34221 Date(s) debt was incurred ____ Last 4 digits of account number <u>1082</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$551.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.82	Nonpriority creditor's name and mailing address Carlton Brown c/o Leviton, Diaz & Ginocchio 1551 N. Tustin Avenue, Suite 850 Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number <u>7162;8166</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.83	Nonpriority creditor's name and mailing address Carr, Gregory 2701 NE 7th Street, Apt: 511 Ocala, FL 34470 Date(s) debt was incurred ____ Last 4 digits of account number <u>359</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,031.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.84	Nonpriority creditor's name and mailing address Carter, Deniko 2043 Hunting Ridge Drive Owings Mills, MD 21117 Date(s) debt was incurred ____ Last 4 digits of account number <u>969</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$367.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.85	Nonpriority creditor's name and mailing address Carter, Jeremy Rashaad 13001 Southeast 155th Avenue Happy Valley, OR 97086 Date(s) debt was incurred ____ Last 4 digits of account number <u>397</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,890.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.86	Nonpriority creditor's name and mailing address Catamaran Media 2 North Route 9 Ocean View, NJ 08230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,063.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Arena Football League LLC Name	Case number (if known)
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3.87	Nonpriority creditor's name and mailing address Cato-Bishop, Darryl 192 C Humboldt Avenue, Apt: 3 Boston, MA 02121 Date(s) debt was incurred ____ Last 4 digits of account number <u>461</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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3.88	Nonpriority creditor's name and mailing address Cave, Ryan 1334 Shimmer Light Circle Rock Hill, SC 29732 Date(s) debt was incurred ____ Last 4 digits of account number <u>419</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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3.89	Nonpriority creditor's name and mailing address CBS Interactive, Inc. 24670 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,748.03
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3.90	Nonpriority creditor's name and mailing address Chad Anderson c/o Pro Athlete Law Group 401 B St #2350 San Diego, CA 92101 Date(s) debt was incurred ____ Last 4 digits of account number <u>7451</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.91	Nonpriority creditor's name and mailing address Chain Reaction Consulting LLC 112 Log Canoe Circle Stevensville, MD 21666 Date(s) debt was incurred <u>8/30/19</u> Last 4 digits of account number <u>1251</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151.50
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3.92	Nonpriority creditor's name and mailing address Chandler, Thornton M 9322 Tracelawn Court Humble, TX 77396 Date(s) debt was incurred ____ Last 4 digits of account number <u>886</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,491.25
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3.93	Nonpriority creditor's name and mailing address Chuck Kacsur Design 69 Shepard Lane South Burlington, VT 05403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.50
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Debtor	Arena Football League LLC Name	Case number (if known)
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3.94	Nonpriority creditor's name and mailing address City of Philadelphia Department of Revenue P.O. Box 1393 Philadelphia, PA 19105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$680.68
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3.95	Nonpriority creditor's name and mailing address Clark, Anthony 11235 Minstrel Tune Drive Germantown, MD 20876 Date(s) debt was incurred ____ Last 4 digits of account number <u>1060</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,150.00
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3.96	Nonpriority creditor's name and mailing address Clark, Lane 3119 Thunderbird Circle Hays, KS 67601 Date(s) debt was incurred ____ Last 4 digits of account number <u>1073</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,205.00
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3.97	Nonpriority creditor's name and mailing address Clarke, Edward Patrick 17 Southeast 23rd Avenue Cape Coral, FL 33990 Date(s) debt was incurred ____ Last 4 digits of account number <u>727</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,087.50
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3.98	Nonpriority creditor's name and mailing address Cohen, Matthew 51 Cornell Drive Plainview, NY 11803 Date(s) debt was incurred ____ Last 4 digits of account number <u>1086</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$551.25
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3.99	Nonpriority creditor's name and mailing address Coleman, Alexander 2892 Ravenswood Court Columbus, OH 43232 Date(s) debt was incurred ____ Last 4 digits of account number <u>1051</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.63
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3.100	Nonpriority creditor's name and mailing address Collins, Brandon J 11902 Swan Drive Austin, TX 78750 Date(s) debt was incurred ____ Last 4 digits of account number <u>584</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,563.60
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.101	Nonpriority creditor's name and mailing address Collins, Lanford 5 Birkenhead Lane Stafford, VA 22554 Date(s) debt was incurred ____ Last 4 digits of account number <u>549</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.40
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3.102	Nonpriority creditor's name and mailing address Columbia Anesthesia Group P.O. Box 5157 Vancouver, WA 98668 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,016.16
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3.103	Nonpriority creditor's name and mailing address Comcast Business P.O. Box 34744 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,446.72
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3.104	Nonpriority creditor's name and mailing address Coney, AJ 1045 W. Highland Drive Cocoa, FL 32922 Date(s) debt was incurred ____ Last 4 digits of account number <u>892</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,272.50
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3.105	Nonpriority creditor's name and mailing address Cook, Kenyattus 502 Ca;edon Court, Apt: 502 Greenville, SC 29615 Date(s) debt was incurred ____ Last 4 digits of account number <u>913</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,837.50
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3.106	Nonpriority creditor's name and mailing address Corbin, William D 207 n. Sampson Avenue Dunn, NC 28334 Date(s) debt was incurred ____ Last 4 digits of account number <u>782</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,547.50
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3.107	Nonpriority creditor's name and mailing address Cornelius Dixon c/o Pro Athlete Law Group 401 B St #2350 San Diego, CA 92101 Date(s) debt was incurred ____ Last 4 digits of account number <u>7891</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.108	Nonpriority creditor's name and mailing address Cort Business Services P.O. Box 17401 Baltimore, MD 21297 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,994.09
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3.109	Nonpriority creditor's name and mailing address Cottom, Brandon 152 Parsons Lane Newtown, PA 18940 Date(s) debt was incurred ____ Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,205.00
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3.110	Nonpriority creditor's name and mailing address Cottrill-Lowe, Julian 3656 Noe Bixby Road Columbus, OH 43232 Date(s) debt was incurred ____ Last 4 digits of account number <u>1028</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.63
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3.111	Nonpriority creditor's name and mailing address Cox, Rakim 581 Marsh Harbor Drive San Diego, CA 92154 Date(s) debt was incurred ____ Last 4 digits of account number <u>1083</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$551.25
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3.112	Nonpriority creditor's name and mailing address Cozen O'Connor P.O. Box 7247 Philadelphia, PA 19170 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,687.50
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3.113	Nonpriority creditor's name and mailing address CRGO Intelluctual Property Law 7900 Glades Road, Suite 520 Boca Raton, FL 33434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,315.00
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3.114	Nonpriority creditor's name and mailing address CSC Corporate Domains, Inc. P.O. Box 13397 Philadelphia, PA 19101-3397 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47.44
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Debtor Name	Case number (if known)
Arena Football League LLC	
3.115 Nonpriority creditor's name and mailing address CTL Management Inc. Kings Court Apartments 16300 SW Estuary Drive Beaverton, OR 97006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$11,653.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116 Nonpriority creditor's name and mailing address DaJohn Harris c/o Howard Silber 2625 Townsgate Road, #330 Westlake Village, CA 91361 Date(s) debt was incurred ____ Last 4 digits of account number 1858	As of the petition filing date, the claim is: Check all that apply. Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: worker's compensation claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117 Nonpriority creditor's name and mailing address Dangerfield, Jared A 1831 Waldorf Drive West Palm Beach, FL 33411 Date(s) debt was incurred ____ Last 4 digits of account number 869	As of the petition filing date, the claim is: Check all that apply. \$6,024.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118 Nonpriority creditor's name and mailing address Daniels, Sean T 26 knoll Drive Blackwood, NJ 08012 Date(s) debt was incurred ____ Last 4 digits of account number 732	As of the petition filing date, the claim is: Check all that apply. \$7,087.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119 Nonpriority creditor's name and mailing address Danze, Devonte A 6728 Crossbrook Lane Pinson, AL 35126 Date(s) debt was incurred ____ Last 4 digits of account number 821	As of the petition filing date, the claim is: Check all that apply. \$7,563.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120 Nonpriority creditor's name and mailing address Davenport, Svante 6941 University Drive West, Apt: 6206 Huntsville, AL 35806 Date(s) debt was incurred ____ Last 4 digits of account number 870	As of the petition filing date, the claim is: Check all that apply. \$6,750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121 Nonpriority creditor's name and mailing address David Crilly 815 1st Avenue Duluth, MN 55810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,996.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.122	Nonpriority creditor's name and mailing address DC Arena LP 601 F. Street, NW Washington, DC 20004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$354,996.00
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3.123	Nonpriority creditor's name and mailing address Deaudra Dix c/o Pro Athlete Law Group 401 B St #2350 San Diego, CA 92101 Date(s) debt was incurred ____ Last 4 digits of account number <u>6666</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.124	Nonpriority creditor's name and mailing address Deloatch, Romond 7401 Halprin Drive Norfolk, VA 23518 Date(s) debt was incurred ____ Last 4 digits of account number <u>1076</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.63
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3.125	Nonpriority creditor's name and mailing address Desert Orthopaedic Center P.O. Box 50509 Henderson, NV 89016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,232.18
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3.126	Nonpriority creditor's name and mailing address Dillon, Antron 12025 Citrus Falls Circle Tampa, FL 33625 Date(s) debt was incurred ____ Last 4 digits of account number <u>300</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,933.25
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3.127	Nonpriority creditor's name and mailing address Discovery Litigation Services P.O. Box 420247 Atlanta, GA 30342 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,407.60
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3.128	Nonpriority creditor's name and mailing address Donte Brown 420 Orchard Avenue Lansdowne, PA 19050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.129	Nonpriority creditor's name and mailing address Dover, Thomas E 703 East 18th Avenue Homestead, PA 15120 Date(s) debt was incurred ____ Last 4 digits of account number <u>824</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,826.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.130	Nonpriority creditor's name and mailing address Drs. Mori Bean and Brooks PA P.O. Box 116700 Atlanta, GA 30368 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.131	Nonpriority creditor's name and mailing address Duane Morris LLP 30 South 17th Street Philadelphia, PA 19103-4196 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$140,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.132	Nonpriority creditor's name and mailing address Dunmore, Oshay 1115 S. Pine Street Newport, OR 97365 Date(s) debt was incurred ____ Last 4 digits of account number <u>843</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,559.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.133	Nonpriority creditor's name and mailing address Durant, Schoepel, Decunto & Ratchford 6550 St. Augustine Road, Suite 105 Jacksonville, FL 32217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,279.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.134	Nonpriority creditor's name and mailing address Durbin, Tyler 1360 Sterling Silver Way Columbus, OH 43240 Date(s) debt was incurred ____ Last 4 digits of account number <u>1074</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,102.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135	Nonpriority creditor's name and mailing address Dust Bowl Artistry 125 Blue Stem Lane Aledo, TX 76008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,044.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.136	Nonpriority creditor's name and mailing address Duvalt, Darian C 116 Modest Street Lakeland, FL 33805 Date(s) debt was incurred ____ Last 4 digits of account number <u>107</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,062.80
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3.137	Nonpriority creditor's name and mailing address Edge Arena 325 Log Canoe Circle Stevensville, MD 21666 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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3.138	Nonpriority creditor's name and mailing address Edwards, Saqwan 9223 Portal Drive Houston, TX 77031 Date(s) debt was incurred ____ Last 4 digits of account number <u>1055</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$735.00
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3.139	Nonpriority creditor's name and mailing address Enterprise Holdings 1924 NE Columbia Blvd. Portland, OR 97211-1925 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$315.39
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3.140	Nonpriority creditor's name and mailing address Enterprise Rideshare 20400 SW Teton Avenue Tualatin, OR 97062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,348.90
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3.141	Nonpriority creditor's name and mailing address Epps, Dezmon 6405 Friday Circle North Highlands, CA 95660 Date(s) debt was incurred ____ Last 4 digits of account number <u>931</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,622.50
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3.142	Nonpriority creditor's name and mailing address Eric Crocker c/o Pro Athlete Law Group 401 B St #2350 San Diego, CA 92101 Date(s) debt was incurred ____ Last 4 digits of account number <u>0691</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.143	Nonpriority creditor's name and mailing address Espinosa, Mason Daniel 118 Adams Street Cookeville, TN 38506 Date(s) debt was incurred ____ Last 4 digits of account number <u>895</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,858.75
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3.144	Nonpriority creditor's name and mailing address Evans, Jerod X 602 Walnut Hollow Drive Mansfield, TX 76063 Date(s) debt was incurred ____ Last 4 digits of account number <u>884</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,142.50
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3.145	Nonpriority creditor's name and mailing address ExamWorks, Inc 11010 White Rock Road, Suite 120 Rancho Cordova, CA 95670 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
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3.146	Nonpriority creditor's name and mailing address Exos Athlete Performance AZ 2629 E. Rose Garden Lane Phoenix, AZ 85050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,590.50
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3.147	Nonpriority creditor's name and mailing address Fance, Calvin 5814 Black Gum Drive Houston, TX 77092 Date(s) debt was incurred ____ Last 4 digits of account number <u>224</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,118.50
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3.148	Nonpriority creditor's name and mailing address Ferns II, Adrian B 1629 Bruin St Los Angeles, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number <u>865</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,670.00
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3.149	Nonpriority creditor's name and mailing address Finishline Pt and Sports LLC 2030 E. County Line road, Unit M Littleton, CO 80126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,250.00
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3.150	Nonpriority creditor's name and mailing address FirstLight P.O. Box 1301 Williston, VT 05495 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,072.43
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3.151	Nonpriority creditor's name and mailing address Forrester, Malik 4501 Bonner Road Baltimore, MD 21216 Date(s) debt was incurred ____ Last 4 digits of account number <u>1027</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,378.13
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3.152	Nonpriority creditor's name and mailing address FP Mailing Solutions, Inc P.O. Box 157 Bedford Park, IL 60499 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$334.82
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3.153	Nonpriority creditor's name and mailing address Franczek Radelet P.C. 300 S. Wacker Drive, Suite 300 Chicago, IL 60606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$724.50
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3.154	Nonpriority creditor's name and mailing address Franklin Group 1856 Flatbush Avenue Brooklyn, NY 11210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,877.71
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3.155	Nonpriority creditor's name and mailing address Fritz, Rodney V 8120 Willow Way Kansas City, MO 64138 Date(s) debt was incurred ____ Last 4 digits of account number <u>454</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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3.156	Nonpriority creditor's name and mailing address Gallington, Deveric 2510 Holly Brook Lane, #1016 Arlington, TX 76006 Date(s) debt was incurred ____ Last 4 digits of account number <u>374</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,457.38
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Debtor	Arena Football League LLC <small>Name</small>	Case number (if known) _____
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3.157	Nonpriority creditor's name and mailing address GE Capital POB 105710 Atlanta, GA 30348 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,437.28
<hr/>			
3.158	Nonpriority creditor's name and mailing address Genesis Sports Medicine and Rehabilitati 3890 Redwine Road, Suite 114 Atlanta, GA 30331 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$960.00
<hr/>			
3.159	Nonpriority creditor's name and mailing address Google Dept. 33654 P.O. Box 39000 San Francisco, CA 94139 Date(s) debt was incurred ____ Last 4 digits of account number <u>0897</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.31
<hr/>			
3.160	Nonpriority creditor's name and mailing address Goosby, Joseph L 9502 Connock Chase Drive Houston, TX 77065 Date(s) debt was incurred ____ Last 4 digits of account number <u>153</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,619.00
<hr/>			
3.161	Nonpriority creditor's name and mailing address Gordon, James 1541 W. River Lane Tampa, FL 33603 Date(s) debt was incurred ____ Last 4 digits of account number <u>592</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
<hr/>			
3.162	Nonpriority creditor's name and mailing address Gorman, Jabari T 2228 SW 81st Avenue Hollywood, FL 33025 Date(s) debt was incurred ____ Last 4 digits of account number <u>825</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,417.50
<hr/>			
3.163	Nonpriority creditor's name and mailing address Grady, Thomas C 1 Stablegate Drive Clifton Park, NY 12065 Date(s) debt was incurred ____ Last 4 digits of account number <u>181</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40

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3.164	Nonpriority creditor's name and mailing address Grant, Antwane Emanuel Alexander 251 W. Dekalb Pike, Apt: EPH05 King of Prussia, PA 19406 Date(s) debt was incurred _____ Last 4 digits of account number <u>970</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,307.50
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3.165	Nonpriority creditor's name and mailing address Grant, Troy 10012 South 5th Street Phoenix, AZ 85042 Date(s) debt was incurred _____ Last 4 digits of account number <u>1024</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$537.86
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3.166	Nonpriority creditor's name and mailing address Gray, Paul A 6410 Celtic Drive SW Atlanta, GA 30331 Date(s) debt was incurred _____ Last 4 digits of account number <u>985</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
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3.167	Nonpriority creditor's name and mailing address Gray, Reginald 14905 South Langley Dolton, IL 60419 Date(s) debt was incurred _____ Last 4 digits of account number <u>193</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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3.168	Nonpriority creditor's name and mailing address Guerad, Antonio 10204 Majestic Palm Circle Riverview, FL 33578 Date(s) debt was incurred _____ Last 4 digits of account number <u>1059</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$826.88
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3.169	Nonpriority creditor's name and mailing address Guerra, Fabian 7612 Juniper Street Hollywood, FL 33023 Date(s) debt was incurred _____ Last 4 digits of account number <u>959</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,887.50
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3.170	Nonpriority creditor's name and mailing address Haag, Nicklas 6 Glade Street Worcester, MA 01610 Date(s) debt was incurred _____ Last 4 digits of account number <u>936</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,410.00
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3.171	Nonpriority creditor's name and mailing address Haisley, Glen 7340 Briarheath Drive New Orleans, LA 70128 Date(s) debt was incurred _____ Last 4 digits of account number <u>1040</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,031.88
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3.172	Nonpriority creditor's name and mailing address Hall, Rodney 6060 W. Girard Avenue Philadelphia, PA 19151 Date(s) debt was incurred _____ Last 4 digits of account number <u>927</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,677.50
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3.173	Nonpriority creditor's name and mailing address Hands-on-care 499 Blossom Hill Road San Jose, CA 95123 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,509.28
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3.174	Nonpriority creditor's name and mailing address Harlan, DeAntre 2621 Coldstream Drive Fort Worth, TX 76123 Date(s) debt was incurred _____ Last 4 digits of account number <u>1067</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,681.31
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3.175	Nonpriority creditor's name and mailing address Havrilla, Dennis 1174 Limeridge Drive Concord, CA 94518 Date(s) debt was incurred _____ Last 4 digits of account number <u>430</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$687.60
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3.176	Nonpriority creditor's name and mailing address Hayes, Robert 102 West Maple Avenue Sterling, VA 20164 Date(s) debt was incurred _____ Last 4 digits of account number <u>487</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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3.177	Nonpriority creditor's name and mailing address HCI P.O. Box 82910 Phoenix, AZ 85071 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,204.95
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3.178	Nonpriority creditor's name and mailing address Henderson, Roderick L 3356 E. Tuskegee Circle Montgomery, AL 36108 Date(s) debt was incurred ____ Last 4 digits of account number <u>848</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,717.50
3.179	Nonpriority creditor's name and mailing address Henry Schein 135 Duryea Road Melville, NY 11747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,887.65
3.180	Nonpriority creditor's name and mailing address Hicks, Hayworth 4312 Maricopa Drive Ames, IA 50014 Date(s) debt was incurred ____ Last 4 digits of account number <u>360</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$687.60
3.181	Nonpriority creditor's name and mailing address Hills, Joseph 913 Fern Leaf Drive Ruskin, FL 33570 Date(s) debt was incurred ____ Last 4 digits of account number <u>109</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,938.80
3.182	Nonpriority creditor's name and mailing address Hippeard, Randall P 12993 Mallory Circle Orlando, FL 32828 Date(s) debt was incurred ____ Last 4 digits of account number <u>362</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,563.60
3.183	Nonpriority creditor's name and mailing address Historic Boardwalk Hall 2301 Boardwalk Atlantic City, NJ 08401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300,529.85
3.184	Nonpriority creditor's name and mailing address Hobbs, Arthur L 2136 Caddy Druve Marrero, LA 70072 Date(s) debt was incurred ____ Last 4 digits of account number <u>1044</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,933.25

Debtor Arena Football League LLC Name		Case number (if known)	
3.185	Nonpriority creditor's name and mailing address Hobbs, Travonne 2136 Caddy Drive Marrero, LA 70072 Date(s) debt was incurred ____ Last 4 digits of account number <u>1044</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$472.50
3.186	Nonpriority creditor's name and mailing address Hollis, Dwayne 60 South Maple Court Newport News, VA 23608 Date(s) debt was incurred ____ Last 4 digits of account number <u>486</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,450.00
3.187	Nonpriority creditor's name and mailing address Homer, Tevin 6723 Red Reef Street Lake Worth, FL 33467 Date(s) debt was incurred ____ Last 4 digits of account number <u>897</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,858.75
3.188	Nonpriority creditor's name and mailing address Homewood Suites 1651 Western Avenue Albany, NY 12203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,208.18
3.189	Nonpriority creditor's name and mailing address Idegy Inc. 226 N. Fifth Street, Suite 220 Columbus, OH 43215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,939.51
3.190	Nonpriority creditor's name and mailing address Imagetec 4509 Prime Parkway McHenry, IL 60050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,691.55
3.191	Nonpriority creditor's name and mailing address Indepedence Blue Cross P.O. Box 8240 Philadelphia, PA 19101 Date(s) debt was incurred <u>11/13/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,219.09

Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.192	Nonpriority creditor's name and mailing address Ings, Kendrick I 18306 Berwick Terrace Hagerstown, MD 21740 Date(s) debt was incurred _____ Last 4 digits of account number <u>518</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,188.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.193	Nonpriority creditor's name and mailing address Inland Orthopaedic Surgery 2500 W. A Street, Suite 201 Moscow, ID 83843 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.194	Nonpriority creditor's name and mailing address institute of Orthopaedic Surgery P.O. Box 50509 Henderson, NV 89016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,588.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.195	Nonpriority creditor's name and mailing address Isles, Nathan 6410 Celtic Drive SW Atlanta, GA 30331 Date(s) debt was incurred _____ Last 4 digits of account number <u>985</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,953.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.196	Nonpriority creditor's name and mailing address Ivory, Aaron 5154 East 88th Street Cleveland, OH 44125 Date(s) debt was incurred _____ Last 4 digits of account number <u>1035</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.197	Nonpriority creditor's name and mailing address Jackson, Alvin R 427 Warren Street Como, MS 38619 Date(s) debt was incurred _____ Last 4 digits of account number <u>170</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,820.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.198	Nonpriority creditor's name and mailing address Jackson, Dexter T 894 Crest Drive E. Jacksonville, FL 32221 Date(s) debt was incurred _____ Last 4 digits of account number <u>263</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,626.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Arena Football League LLC		Case number (if known)
	Name		
3.199	Nonpriority creditor's name and mailing address Jackson, Laroche Q 2447 Parental Home Road Jacksonville, FL 32216 Date(s) debt was incurred ____ Last 4 digits of account number <u>187</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,400.00
3.200	Nonpriority creditor's name and mailing address Jacksonville Orthopaedic Institute 1325 San Marco Blvd., suite 200 Jacksonville, FL 32207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,609.82
3.201	Nonpriority creditor's name and mailing address James, Tre 6123 Edlynne Road Baltimore, MD 21239 Date(s) debt was incurred ____ Last 4 digits of account number <u>948</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,225.00
3.202	Nonpriority creditor's name and mailing address Jeff Curtin 11223 SW 27th Avenue Portland, OR 97219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.203	Nonpriority creditor's name and mailing address Jeffrey Kafoury 4928 SE 49th Portland, OR 97206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.204	Nonpriority creditor's name and mailing address Jeremy Fisher 7608 Belhurst Avenue Las Vegas, NV 89113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
3.205	Nonpriority creditor's name and mailing address Jerome Raymond 1211 Carlyle Lnn Ct., Lawrenceville, GA 30044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid wages suit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.206	Nonpriority creditor's name and mailing address Jet Wave Wireless 5228 Eisenhower Avenue Alexandria, VA 22304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,930.00
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3.207	Nonpriority creditor's name and mailing address Jimmy Jesberger 13477 Trevoise Road Philadelphia, PA 19116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.208	Nonpriority creditor's name and mailing address JLewis Small Company POB 426 Elwood, IN 46036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,779.28
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3.209	Nonpriority creditor's name and mailing address JND Cleaners 3212 S. I-10 Service Road Metairie, LA 70001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$326.25
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3.210	Nonpriority creditor's name and mailing address John Currier 10505 NE 24th Avenue Vancouver, WA 98686 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.211	Nonpriority creditor's name and mailing address John Leighton 2236 Greenwich Street Philadelphia, PA 19123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.212	Nonpriority creditor's name and mailing address John Percich 16175 SW Vincent Street Beaverton, OR 97078 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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Debtor	Arena Football League LLC Name	Case number (if known)
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3.213	Nonpriority creditor's name and mailing address Johnson, Jadar 4934 North Road Orangeburg, SC 29118 Date(s) debt was incurred ____ Last 4 digits of account number <u>916</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,307.50
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3.214	Nonpriority creditor's name and mailing address Johnson, Kaleb 2873 Taylor Hill Drive Jacksonville, FL 32221 Date(s) debt was incurred ____ Last 4 digits of account number <u>1052</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$735.00
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3.215	Nonpriority creditor's name and mailing address Jomo Wilson c/o Leviton Diaz & Ginocchio 1551 N. Tustin Avenue, #850 Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number <u>8971</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.216	Nonpriority creditor's name and mailing address Jones, Keiron A 22186 SW 60th Avenue Boca Raton, FL 33428 Date(s) debt was incurred ____ Last 4 digits of account number <u>466</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,750.00
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3.217	Nonpriority creditor's name and mailing address Jones, Malachi 930 Summer Wind Place Roswell, GA 30075 Date(s) debt was incurred ____ Last 4 digits of account number <u>842</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,219.80
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3.218	Nonpriority creditor's name and mailing address Jones, Torez D 2812 Lancaster Road Wilson, NC 27896 Date(s) debt was incurred ____ Last 4 digits of account number <u>704</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,125.00
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3.219	Nonpriority creditor's name and mailing address Josh Vega 288942 SW Monte Carlo Avenue Wilsonville, OR 97070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.220	Nonpriority creditor's name and mailing address K&K Insurance Group 1712 Magnavox Way, P.O. Box 2338 Fort Wayne, IN 46801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
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3.221	Nonpriority creditor's name and mailing address Kanuch, Tuni 483 North 1220 West Provo, UT 84601 Date(s) debt was incurred ____ Last 4 digits of account number <u>1061</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,750.00
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3.222	Nonpriority creditor's name and mailing address Kanuck Productions 2021 Ocean Avenue, #325 Santa Monica, CA 90405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,232.88
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3.223	Nonpriority creditor's name and mailing address KDI P.O. Box 1610 Media, PA 19063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.68
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3.224	Nonpriority creditor's name and mailing address Keir, Michael 1700 South 28th Street Philadelphia, PA 19145 Date(s) debt was incurred ____ Last 4 digits of account number <u>1038</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.63
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3.225	Nonpriority creditor's name and mailing address Kevin Tarole 1606 Ravena Street Bethlehem, PA 18015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.226	Nonpriority creditor's name and mailing address Key Benefit Administrators P.O. Box 55210 Indianapolis, IN 46205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,610.00
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Debtor	Arena Football League LLC Name _____	Case number (if known) _____
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3.227	Nonpriority creditor's name and mailing address Key Business Solutions 575 Virginia Drive Fort Washington, PA 19034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.73
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3.228	Nonpriority creditor's name and mailing address Keyes, Denzel 2201 Rustic Circle Kinston, NC 28504 Date(s) debt was incurred ____ Last 4 digits of account number <u>982</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,890.00
<hr/>			
3.229	Nonpriority creditor's name and mailing address Kimpton Palomar Hotel Attn: Accounting Dept. 2121 P Street NW Washington, DC 20037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.76
<hr/>			
3.230	Nonpriority creditor's name and mailing address Kinex Medical Company 1801 Airport Road, Suite D Waukesha, WI 53188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
<hr/>			
3.231	Nonpriority creditor's name and mailing address Labratory Corp of America P.O. Box 2240 Burlington, NC 27216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.00
<hr/>			
3.232	Nonpriority creditor's name and mailing address LaFrance, Royce L 3801 Inwood Drive Harvey, LA 70058 Date(s) debt was incurred ____ Last 4 digits of account number <u>872</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,511.75
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3.233	Nonpriority creditor's name and mailing address Lambert, Davonte 10110 RoseMary Leaf Lane Riverview, FL 33578 Date(s) debt was incurred ____ Last 4 digits of account number <u>1071</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,929.38

Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.234	Nonpriority creditor's name and mailing address Laron Scott c/o Pro Athlete Law Group 401 B St #2350 San Diego, CA 92101 Date(s) debt was incurred _____ Last 4 digits of account number 9337;2776	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.235	Nonpriority creditor's name and mailing address Laughinghouse, Tyron 1005 Colonial Avenue Greenville, NC 27834 Date(s) debt was incurred _____ Last 4 digits of account number 907	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.00
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3.236	Nonpriority creditor's name and mailing address Lauina, Fred POB 1235 Pago Pago, AS 96799 Date(s) debt was incurred _____ Last 4 digits of account number 1064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$735.00
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3.237	Nonpriority creditor's name and mailing address Lawrence, Justin 7530 Monarch Mills Way, Apt. 404 Columbia, MD 21046 Date(s) debt was incurred _____ Last 4 digits of account number 154	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,938.80
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3.238	Nonpriority creditor's name and mailing address Leavitt, Tate 14205 Township Road 21 Thornville, OH 43076 Date(s) debt was incurred _____ Last 4 digits of account number 1077	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$551.25
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3.239	Nonpriority creditor's name and mailing address Lee, Christopher 3185 Trident Lane Woodbridge, VA 22193 Date(s) debt was incurred _____ Last 4 digits of account number 1037	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
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3.240	Nonpriority creditor's name and mailing address Legacy Emmanuel Hospital P.O. Box 4107 Portland, OR 97208 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,834.03
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.241	Nonpriority creditor's name and mailing address Leggett, Maurice 5770 Vinings Retreat Way SW Mableton, GA 30126 Date(s) debt was incurred _____ Last 4 digits of account number <u>1087</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,547.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.242	Nonpriority creditor's name and mailing address Letuli, Jovann Tasi 666 King Street Akron, OH 44311 Date(s) debt was incurred _____ Last 4 digits of account number <u>961</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$700.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.243	Nonpriority creditor's name and mailing address Lewis, Cornelius 2124 Tuskegee Road Jacksonville, FL 32209 Date(s) debt was incurred _____ Last 4 digits of account number <u>186</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,977.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.244	Nonpriority creditor's name and mailing address Lewis, Darrell M 103 A Merritt Road Abbeville, AL 36310 Date(s) debt was incurred _____ Last 4 digits of account number <u>556</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,933.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.245	Nonpriority creditor's name and mailing address Lewis, Mark Andrew 345 White Oak Drive Altamonte Springs, FL 32701 Date(s) debt was incurred _____ Last 4 digits of account number <u>215</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,953.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.246	Nonpriority creditor's name and mailing address Liberty Mutual P.O. Box 85307 San Diego, CA 92186-5307 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29,273.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.247	Nonpriority creditor's name and mailing address Lincoln Holdings LLC 601 F Street, NW Washington, DC 20004 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,588,703.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>consulting and support services agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.248	Nonpriority creditor's name and mailing address Love, Damian T 134 Cantabury Lane Millbrook, AL 36054 Date(s) debt was incurred ____ Last 4 digits of account number <u>883</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,620.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.249	Nonpriority creditor's name and mailing address M-2 Productions 620 30th Street Manhattan Beach, CA 90266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,342.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.250	Nonpriority creditor's name and mailing address Mackey, Leon 79 Ball Farm Way Wilmington, DE 19808 Date(s) debt was incurred ____ Last 4 digits of account number <u>743</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.251	Nonpriority creditor's name and mailing address Maclaren, Malcolm Christopher P.O. Box 161057 Altamonte Springs, FL 32716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,179.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.252	Nonpriority creditor's name and mailing address Madison, Colin 1S252 Ingersoll Lane Villa Park, IL 60181 Date(s) debt was incurred ____ Last 4 digits of account number <u>196</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$687.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.253	Nonpriority creditor's name and mailing address Maiava, Lene 4181 E. 24th Street Tucson, AZ 85711 Date(s) debt was incurred ____ Last 4 digits of account number <u>990</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,307.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.254	Nonpriority creditor's name and mailing address Mailfinance.com 478 Wheelers Farm Toad Milford, CT 06461 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>postage machine</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Arena Football League LLC Name	Case number (if known)
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3.255	Nonpriority creditor's name and mailing address Majoria Drugs 1805 Metairie Road Metairie, LA 70005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$741.38
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3.256	Nonpriority creditor's name and mailing address Manley, Phillip-Keith A 7555 Black Squirrel Hamilton, OH 45013 Date(s) debt was incurred ____ Last 4 digits of account number <u>523</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,704.10
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3.257	Nonpriority creditor's name and mailing address Marcus Trice c/o Pro Athlete Law Group 401 B St #2350 San Diego, CA 92101 Date(s) debt was incurred ____ Last 4 digits of account number <u>6785</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.258	Nonpriority creditor's name and mailing address Martin, Nias 663 Eastern Parkway Baltimore, MD 21206 Date(s) debt was incurred ____ Last 4 digits of account number <u>859</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,505.00
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3.259	Nonpriority creditor's name and mailing address Mason, Miles J 1467 W. 48th Street Los Angeles, CA 90062 Date(s) debt was incurred ____ Last 4 digits of account number <u>543</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,860.00
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3.260	Nonpriority creditor's name and mailing address Mathis-Ellis, Jahlil 7389 Spoleto Loop Fairburn, GA 30213 Date(s) debt was incurred ____ Last 4 digits of account number <u>1023</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
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3.261	Nonpriority creditor's name and mailing address Mauia, Wesley L. 8440 South Las Vegas Boulevard Las Vegas, NV 89123 Date(s) debt was incurred ____ Last 4 digits of account number <u>326</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,290.00
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Debtor	Arena Football League LLC Name	Case number (if known)
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3.262	Nonpriority creditor's name and mailing address Maurice Purify c/o Madans Law Group 1416 Westwood Blvd. Los Angeles, CA 90024 Date(s) debt was incurred ____ Last 4 digits of account number <u>5252</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.263	Nonpriority creditor's name and mailing address McCalister, Alex 633 Cambridge Farm Court Kernersville, NC 27284 Date(s) debt was incurred ____ Last 4 digits of account number <u>1084</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$551.25
3.264	Nonpriority creditor's name and mailing address McGinnis, Willie 2317 Francis Avenue, Apt: 2317 Mansfield, MA 02048 Date(s) debt was incurred ____ Last 4 digits of account number <u>284</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,578.50
3.265	Nonpriority creditor's name and mailing address McNeil III, Douglas 6724 Long Longhill Road Gwynn Oak, MD 21207 Date(s) debt was incurred ____ Last 4 digits of account number <u>833</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,563.60
3.266	Nonpriority creditor's name and mailing address McNeil, Raymond K 8203 Carraige Point Drive Gibsonton, FL 33534 Date(s) debt was incurred ____ Last 4 digits of account number <u>188</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,251.20
3.267	Nonpriority creditor's name and mailing address Medco Supply Co. P.O. Box 21773 Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,037.88
3.268	Nonpriority creditor's name and mailing address Mediation Research & Education Project, 655 West Irving Park Road, Suite 2098 Chicago, IL 60613 Date(s) debt was incurred <u>10/14/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00

Debtor	Arena Football League LLC Name _____	Case number (if known) _____
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3.269	Nonpriority creditor's name and mailing address Medicwest Ambulance 9 West Delhi North Las Vegas, NV 89032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.69
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3.270	Nonpriority creditor's name and mailing address Mercury Luggage Mfg. 4843 Visitor Street Jacksonville, FL 32207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.46
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3.271	Nonpriority creditor's name and mailing address Metro West Ambulance Inc. 609 NW Coast Street Newport, OR 97365 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$746.50
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3.272	Nonpriority creditor's name and mailing address Metz, Jake 860 Haldeman Road Lederach, PA 19450 Date(s) debt was incurred ____ Last 4 digits of account number <u>546</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,050.00
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3.273	Nonpriority creditor's name and mailing address Milton Wicks 17 West 64th Street, Apt: 2A New York, NY 10023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.274	Nonpriority creditor's name and mailing address Mitchell D. Bluhm & Associates, LLC 2222 Texoma Parkway, Suite 160 Sherman, TX 75090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,537.05
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3.275	Nonpriority creditor's name and mailing address Moody, Justin 142 South Adams Street Petersburg, VA 23803 Date(s) debt was incurred ____ Last 4 digits of account number <u>1091</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$236.25
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3.276	Nonpriority creditor's name and mailing address Moore, Terence 900 Woodburn Drive Columbus, GA 31907 Date(s) debt was incurred ____ Last 4 digits of account number <u>129</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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3.277	Nonpriority creditor's name and mailing address Moran Rowen & Dorsey P.O. Box 14005 Orange, CA 92863 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$254.87
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3.278	Nonpriority creditor's name and mailing address Morgan, Donovan K 2819 Firecrest Drive Katy, TX 77494 Date(s) debt was incurred ____ Last 4 digits of account number <u>295</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00
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3.279	Nonpriority creditor's name and mailing address Morgan, Maurice 3151 Ricky Court La Grange, NC 28551 Date(s) debt was incurred ____ Last 4 digits of account number <u>950</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,940.00
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3.280	Nonpriority creditor's name and mailing address Morris, Shane 30339 Moulin Avenue Warren, MI 48088 Date(s) debt was incurred ____ Last 4 digits of account number <u>910</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,145.00
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3.281	Nonpriority creditor's name and mailing address Morton, Kenny 1707 N. Hall Street, Apt: 183 Dallas, TX 75204 Date(s) debt was incurred ____ Last 4 digits of account number <u>688</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$928.13
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3.282	Nonpriority creditor's name and mailing address MR Connect P.O. Box 14244 Lexington, KY 40512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$167.75
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Debtor Arena Football League LLC Name		Case number (if known)	
3.283	Nonpriority creditor's name and mailing address Mudge, Jordan 1530 N. Pomerene Road Benson, AZ 85602 Date(s) debt was incurred ____ Last 4 digits of account number <u>310</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
3.284	Nonpriority creditor's name and mailing address Muhammed, Brad 4034 18th Avenue S. Saint Petersburg, FL 33711 Date(s) debt was incurred ____ Last 4 digits of account number <u>906</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,195.25
3.285	Nonpriority creditor's name and mailing address Myers, Donald J 16244 Neabsco Road Woodbridge, VA 22191 Date(s) debt was incurred ____ Last 4 digits of account number <u>930</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,653.75
3.286	Nonpriority creditor's name and mailing address Myers, Spencer T 103 South Red Maple Street Selinsgrove, PA 17870 Date(s) debt was incurred ____ Last 4 digits of account number <u>657</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,949.06
3.287	Nonpriority creditor's name and mailing address Nadler, Liam 10550 Road C Leipsic, OH 45856 Date(s) debt was incurred ____ Last 4 digits of account number <u>1029</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,031.88
3.288	Nonpriority creditor's name and mailing address National Union Fire Ins. Co. of Pittsbur 175 Water Street, 18th Floor New York, NY 10038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.289	Nonpriority creditor's name and mailing address NCH Physician Group 801 Anchor Rode Drive, Suite 300 Naples, FL 34103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.21

Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.290	Nonpriority creditor's name and mailing address Neal, DeJuan 1564 Columbia Beach Road Shady Side, MD 20764 Date(s) debt was incurred ____ Last 4 digits of account number <u>1093</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
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3.291	Nonpriority creditor's name and mailing address Nelson, Arvell 9604 Yale Avenue Cleveland, OH 44108 Date(s) debt was incurred ____ Last 4 digits of account number <u>242</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,906.25
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3.292	Nonpriority creditor's name and mailing address Nemeth, Ernest 2659 Nottingham Way, Apt: 2 Trenton, NJ 08619 Date(s) debt was incurred ____ Last 4 digits of account number <u>1089</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$515.70
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3.293	Nonpriority creditor's name and mailing address New Orleans City Park Improvements Assoc 1 Palm Drive New Orleans, LA 70124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
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3.294	Nonpriority creditor's name and mailing address Newell, Keith 655 Lambertson Street Trenton, NJ 08611 Date(s) debt was incurred ____ Last 4 digits of account number <u>346</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,615.00
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3.295	Nonpriority creditor's name and mailing address Neysmith, Lenroy 118 Maple Street Meriden, CT 06451 Date(s) debt was incurred ____ Last 4 digits of account number <u>922</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,485.00
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3.296	Nonpriority creditor's name and mailing address Nixon, Rory 1403 Peabody Drive Hampton, VA 23666 Date(s) debt was incurred ____ Last 4 digits of account number <u>375</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.297	Nonpriority creditor's name and mailing address Norman, Marrio 295 Boulder Drive Roswell, GA 30075 Date(s) debt was incurred ____ Last 4 digits of account number <u>289</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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3.298	Nonpriority creditor's name and mailing address Norrils, Eddie C 2730 E. Candlestick Court Toledo, OH 43615 Date(s) debt was incurred ____ Last 4 digits of account number <u>935</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,992.50
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3.299	Nonpriority creditor's name and mailing address Northington, Kiante 2131 Middle Lane Louisville, KY 40216 Date(s) debt was incurred ____ Last 4 digits of account number <u>937</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,520.00
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3.300	Nonpriority creditor's name and mailing address Northshore University Health System 23056 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,535.00
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3.301	Nonpriority creditor's name and mailing address NYSIF 199 Church Street New York, NY 10007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,640.12
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3.302	Nonpriority creditor's name and mailing address O'Brien, Patrick 716 E. Iredell Avenue Mooreville, NC 28115 Date(s) debt was incurred ____ Last 4 digits of account number <u>967</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,480.63
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3.303	Nonpriority creditor's name and mailing address Obi, Fredrick O 295 Boulder Drive Roswell, GA 30075 Date(s) debt was incurred ____ Last 4 digits of account number <u>289</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,938.80
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Debtor	Arena Football League LLC Name	Case number (if known)
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3.304	Nonpriority creditor's name and mailing address Obi, Kenechukwu 5730 E. Candlestick Court Toledo, OH 43615 Date(s) debt was incurred ____ Last 4 digits of account number <u>935</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,079.00
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3.305	Nonpriority creditor's name and mailing address Odie D. Armstrong c/o Leviton Diaz & Ginocchip 1551 N. Tustin Avenue. #850 Santa Ana, CA 92705 Date(s) debt was incurred ____ Last 4 digits of account number <u>6969</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.306	Nonpriority creditor's name and mailing address Offray, Juwan 4718 Citrus Drive New Orleans, LA 70127 Date(s) debt was incurred ____ Last 4 digits of account number <u>963</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,817.50
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3.307	Nonpriority creditor's name and mailing address Oklahoma Sports Consultant, LLC 3130 Woodward Blvd. Tulsa, OK 74105 Date(s) debt was incurred <u>11/1/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,500.00
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3.308	Nonpriority creditor's name and mailing address Omameh, Sydney 5151 Sassareas Road Columbus, OH 43229 Date(s) debt was incurred ____ Last 4 digits of account number <u>944</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,850.00
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3.309	Nonpriority creditor's name and mailing address Omarr Smith 43235 W. Wild Horse Trail Maricopa, AZ 85138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$219.01
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3.310	Nonpriority creditor's name and mailing address One Beat CPR Learning Center, Inc. 4350 Oakes Road, Suite 500 Fort Lauderdale, FL 33314 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$832.00
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.311	Nonpriority creditor's name and mailing address Oracle America, Inc. Bank of America Lockbox Services 15612 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred <u>10/24/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,077.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.312	Nonpriority creditor's name and mailing address Oracle Netsuite 500 Oracle Parkway Redwood City, CA 94065 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>service contract - accounting system</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.313	Nonpriority creditor's name and mailing address Orchid Medical 3449 Momentum Place Chicago, IL 60689 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$514.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.314	Nonpriority creditor's name and mailing address Outlaw, Lonnie J 1107 4th Avenue Rochelle, GA 31079 Date(s) debt was incurred _____ Last 4 digits of account number <u>547</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,670.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.315	Nonpriority creditor's name and mailing address Outsey, Jameer 61 Brookside Avenue Somerville, NJ 08876 Date(s) debt was incurred _____ Last 4 digits of account number <u>1063</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,756.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.316	Nonpriority creditor's name and mailing address P.R.O.S. Corporate Housing LLC 11211 N Tatum Blvd Suite 220 Phoenix, AZ 85028 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,436.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.317	Nonpriority creditor's name and mailing address Pacific Office Automation 14747 NW Greenbrier Parkway Beaverton, OR 97006 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$533.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.318	Nonpriority creditor's name and mailing address Paciolan 5291 California Avenue, Suite 100 Irvine, CA 92617 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,582.80
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3.319	Nonpriority creditor's name and mailing address Palka, Tyler 10312 Stark Street Temperance, MI 48182 Date(s) debt was incurred ____ Last 4 digits of account number <u>1085</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$551.25
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3.320	Nonpriority creditor's name and mailing address Parker, Anthony 15741 NE 15th Street Miami, FL 33162 Date(s) debt was incurred ____ Last 4 digits of account number <u>297</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,450.00
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3.321	Nonpriority creditor's name and mailing address PBS Anesthesia 3157 N. Rainbow Blvd., #518 Las Vegas, NV 89108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,600.00
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3.322	Nonpriority creditor's name and mailing address PCG-SDM Holdings, LLC 5646 Milton Street, Suite 895 Dallas, TX 75206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$227,482.05
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3.323	Nonpriority creditor's name and mailing address Peter R. Meyers 360 East Randolph Street, Suite 3104 Chicago, IL 60601 Date(s) debt was incurred <u>11/6/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
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3.324	Nonpriority creditor's name and mailing address Peterson, Craig G 1231 Peaceable Street Ballston Spa, NY 12020 Date(s) debt was incurred ____ Last 4 digits of account number <u>561</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,090.00
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Debtor Arena Football League LLC		Case number (if known) _____	
Name			
3.325	Nonpriority creditor's name and mailing address Philips, Ervin 27 Meadowbrook Court West Haven, CT 06516 Date(s) debt was incurred ____ Last 4 digits of account number <u>1032</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,756.25
3.326	Nonpriority creditor's name and mailing address Phillips, Alfred 538 N. 2040 East Spanish Fork, UT 84660 Date(s) debt was incurred ____ Last 4 digits of account number <u>415</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,031.40
3.327	Nonpriority creditor's name and mailing address Physical Therapy and Hand Center 8080 Bluebonnet Blvd., Suite 110 Baton Rouge, LA 70810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.328	Nonpriority creditor's name and mailing address Physiotherapy Associates Inc. P.O. Box 636002 Littleton, CO 80163 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,115.00
3.329	Nonpriority creditor's name and mailing address Pivot Physical Therapy P.O. Box 1345 Westminster, MD 21158 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,900.00
3.330	Nonpriority creditor's name and mailing address Portland General Electric P.O. Box 4438 Portland, OR 97208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,581.62
3.331	Nonpriority creditor's name and mailing address Powell, Damond 3500 Summercourt Drive Jonesboro, GA 30236 Date(s) debt was incurred ____ Last 4 digits of account number <u>1070</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$367.50

Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.332	Nonpriority creditor's name and mailing address Powell, Joe M 2818 Ambler Avenue Portsmouth, VA 23707 Date(s) debt was incurred ____ Last 4 digits of account number <u>668</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
3.333	Nonpriority creditor's name and mailing address Prince, Darius Q 120 Main Entrance Drive West Mifflin, PA 15122 Date(s) debt was incurred ____ Last 4 digits of account number <u>826</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,219.80
3.334	Nonpriority creditor's name and mailing address Prodigy Sports, LLC 83 South St. Ste. 206 Freehold, NJ 07728 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,275.00
3.335	Nonpriority creditor's name and mailing address Professional Sportscare and Rehab P.O. Box 1100 Westminster, MD 21158 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550.00
3.336	Nonpriority creditor's name and mailing address PROS Housing 11211 N Tatum Blvd Suite 220 Phoenix, AZ 85028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,224.16
3.337	Nonpriority creditor's name and mailing address Quarles & Brady LLP Two North Central Avenue Phoenix, AZ 85004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,872.70
3.338	Nonpriority creditor's name and mailing address Quest Diagnostics 12323 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$923.88

Debtor	Arena Football League LLC Name	Case number (if known)
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3.339	Nonpriority creditor's name and mailing address Quest Records 16 Bronze Pointe Belleville, IL 62226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31.52
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3.340	Nonpriority creditor's name and mailing address Randy Gatewood 947 W. Wendy Way Gilbert, AZ 85233 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,232.00
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3.341	Nonpriority creditor's name and mailing address Raudabaugh, Daniel D 736 Meadowlark Lane Coppell, TX 75019 Date(s) debt was incurred ____ Last 4 digits of account number <u>157</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,087.50
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3.342	Nonpriority creditor's name and mailing address Raymond Sterling 600 Bartonsville Road Frederick, MD 21704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$473.51
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3.343	Nonpriority creditor's name and mailing address Ready Refresh P.O. Box 856192 Louisville, KY 40285-6192 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.61
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3.344	Nonpriority creditor's name and mailing address Reese, Joshua C 2522 NW 88th Street Miami, FL 33147 Date(s) debt was incurred ____ Last 4 digits of account number <u>795</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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3.345	Nonpriority creditor's name and mailing address Regis, Micanor POB 1991 Belle Glade, FL 33430 Date(s) debt was incurred ____ Last 4 digits of account number <u>1026</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.63
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Debtor	Arena Football League LLC Name	Case number (if known)
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3.346	Nonpriority creditor's name and mailing address Rehab Arizona 265000 Agoura Road, Suite 102-587 Calabasas, CA 91302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$255.00
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3.347	Nonpriority creditor's name and mailing address Revis, Paul 51999 SE 6th Street Scappoose, OR 97056 Date(s) debt was incurred ____ Last 4 digits of account number <u>917</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
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3.348	Nonpriority creditor's name and mailing address Reynolds, Darius 1501 Little Gloucester Road, L10 Blackwood, NJ 08012 Date(s) debt was incurred ____ Last 4 digits of account number <u>202</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,425.00
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3.349	Nonpriority creditor's name and mailing address Richard Ranglin c/o Pro Athlete Law Group 401 B St #2350 San Diego, CA 92101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>labor arbitration award</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,000.00
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3.350	Nonpriority creditor's name and mailing address Richardson, Jeramie 5512 Tribune Way Plano, TX 75094 Date(s) debt was incurred ____ Last 4 digits of account number <u>276</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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3.351	Nonpriority creditor's name and mailing address Riddell/ All American Sports Corp. 7501 Performance Lane North Ridgeville, OH 44039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,629.12
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3.352	Nonpriority creditor's name and mailing address River City Rush Delivery 8916 NE Alderwood Road Portland, OR 97220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.64
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Debtor	Arena Football League LLC Name	Case number (if known)
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3.353	Nonpriority creditor's name and mailing address Roberts, Roosevelt 101 Ladd Street Enterprise, AL 36330 Date(s) debt was incurred ____ Last 4 digits of account number <u>983</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,755.00
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3.354	Nonpriority creditor's name and mailing address Robin Hammond c/o Rhonda H. Wills - Wills Law Firm 1776 Yorktown, Suite 570 Houston, TX 77056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>wrongful death suit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.355	Nonpriority creditor's name and mailing address Robinson, Jamal 1011 Vista Alegre Court Bowie, MD 20721 Date(s) debt was incurred ____ Last 4 digits of account number <u>1045</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,975.00
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3.356	Nonpriority creditor's name and mailing address Robinson, Tyrell 1313 Las Brisas Drive Santee, CA 92071 Date(s) debt was incurred ____ Last 4 digits of account number <u>995</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$735.00
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3.357	Nonpriority creditor's name and mailing address Rodney Fritz c/o Pro Athlete Law Group 401 B St #2350 San Diego, CA 92101 Date(s) debt was incurred ____ Last 4 digits of account number <u>2452</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.358	Nonpriority creditor's name and mailing address Romain, James 106 Beach 59th Street, Apt: 203 Arverne, NY 11692 Date(s) debt was incurred ____ Last 4 digits of account number <u>158</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,450.00
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3.359	Nonpriority creditor's name and mailing address Ron Callan 643 3rd Street Lake Oswego, OR 97034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.360	Nonpriority creditor's name and mailing address Rose, Robert 5245 Fallston Court Westerville, OH 43081 Date(s) debt was incurred ____ Last 4 digits of account number <u>381</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$687.60
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3.361	Nonpriority creditor's name and mailing address Rosedale Ice Company 2700 Annapolis Road Baltimore, MD 21230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$879.20
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3.362	Nonpriority creditor's name and mailing address Ross, Joel 9615 Main Street Damascus, MD 20872 Date(s) debt was incurred ____ Last 4 digits of account number <u>1090</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.63
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3.363	Nonpriority creditor's name and mailing address Ross, Marvin 5260 Collins Road, Unit 1405 Jacksonville, FL 32244 Date(s) debt was incurred ____ Last 4 digits of account number <u>679</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,188.40
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3.364	Nonpriority creditor's name and mailing address Rosser, Darius 111 Miller Drive Marion, AR 72364 Date(s) debt was incurred ____ Last 4 digits of account number <u>919</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$866.25
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3.365	Nonpriority creditor's name and mailing address Rowley, Kyle 17 Highland Avenue Lincoln, RI 02865 Date(s) debt was incurred ____ Last 4 digits of account number <u>312</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$687.60
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3.366	Nonpriority creditor's name and mailing address Ruff, Frederick 2125 N. 30th Street Philadelphia, PA 19121 Date(s) debt was incurred ____ Last 4 digits of account number <u>964</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,480.63
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Debtor	Arena Football League LLC Name _____	Case number (if known) _____
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3.367	Nonpriority creditor's name and mailing address Ruffins, Moquet 1701 San Pablo Road S, Apt 1008 Jacksonville, FL 32224 Date(s) debt was incurred _____ Last 4 digits of account number <u>103</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
<hr/>			
3.368	Nonpriority creditor's name and mailing address Rumph, Donte D 3900 City Avenue, Apt: A603 Philadelphia, PA 19131 Date(s) debt was incurred _____ Last 4 digits of account number <u>879</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,921.50
<hr/>			
3.369	Nonpriority creditor's name and mailing address Russell, Faleaoga 4104 Georgia Street San Diego, CA 92103 Date(s) debt was incurred _____ Last 4 digits of account number <u>1030</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
<hr/>			
3.370	Nonpriority creditor's name and mailing address Russell, Grant 389 Catalina Drive Newark, OH 43055 Date(s) debt was incurred _____ Last 4 digits of account number <u>941</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,703.75
<hr/>			
3.371	Nonpriority creditor's name and mailing address Ryan O'Donnell 3306 Arch Street, Apt 1F Philadelphia, PA 19104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
<hr/>			
3.372	Nonpriority creditor's name and mailing address Sainvil, Vernon 317 South Spring Street Geneseo, IL 61254 Date(s) debt was incurred _____ Last 4 digits of account number <u>1080</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$551.25
<hr/>			
3.373	Nonpriority creditor's name and mailing address Samuel Tupua, Jr. c/o Pro Athlete Law Group 401 B St #2350 San Diego, CA 92101 Date(s) debt was incurred _____ Last 4 digits of account number <u>5149</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Arena Football League LLC Name _____	Case number (if known) _____
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3.374	Nonpriority creditor's name and mailing address Samuels, Kyron 205 5th Avenue Northeast Jacksonville, AL 36265 Date(s) debt was incurred ____ Last 4 digits of account number <u>862</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,190.00
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3.375	Nonpriority creditor's name and mailing address Santiam PT 7201 W. Clearwater Avenue, B101 Kennewick, WA 99336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
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3.376	Nonpriority creditor's name and mailing address Sawyer's Screen Printing and Embroidery 10 Hallwood Road Delmar, NY 12054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,407.85
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3.377	Nonpriority creditor's name and mailing address Seither, Nicholas A 1911 Vanda Avenue Hamilton, OH 45013 Date(s) debt was incurred ____ Last 4 digits of account number <u>747</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,075.00
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3.378	Nonpriority creditor's name and mailing address Select Physical Therapy Holdings P.O. Box 643407 Pittsburgh, PA 15264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$740.00
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3.379	Nonpriority creditor's name and mailing address Seneca Insurance Company Inc 160 Water Street, 16th Floor New York, NY 10038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$971.25
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3.380	Nonpriority creditor's name and mailing address Sesay, Brandon R 680 S. Eugenia Place NW Atlanta, GA 30318 Date(s) debt was incurred ____ Last 4 digits of account number <u>256</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,375.20
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Debtor	Arena Football League LLC Name _____	Case number (if known) _____
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3.381	Nonpriority creditor's name and mailing address Sims, Quentin L 445 Pintail Drive Loveland, OH 45140 Date(s) debt was incurred _____ Last 4 digits of account number <u>438</u>	As of the petition filing date, the claim is: Check all that apply. \$9,626.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.382	Nonpriority creditor's name and mailing address Smith, Jakobi 875 Northwest 13th Court, Apt: 316 Boca Raton, FL 33486 Date(s) debt was incurred _____ Last 4 digits of account number <u>1033</u>	As of the petition filing date, the claim is: Check all that apply. \$1,890.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.383	Nonpriority creditor's name and mailing address Smith, Khreem A 8450 Sherman Circle North, #E206 Hollywood, FL 33025 Date(s) debt was incurred _____ Last 4 digits of account number <u>670</u>	As of the petition filing date, the claim is: Check all that apply. \$7,425.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.384	Nonpriority creditor's name and mailing address Smith, Marquis 2933 Edgewood Road Bryans Road, MD 20616 Date(s) debt was incurred _____ Last 4 digits of account number <u>1078</u>	As of the petition filing date, the claim is: Check all that apply. \$367.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.385	Nonpriority creditor's name and mailing address Smith, Terrance R 14771 Del Sol Court Chino Hills, CA 91709 Date(s) debt was incurred _____ Last 4 digits of account number <u>182</u>	As of the petition filing date, the claim is: Check all that apply. \$6,876.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.386	Nonpriority creditor's name and mailing address Smith, Warren 249 Birch Lane Forked River, NJ 08731 Date(s) debt was incurred _____ Last 4 digits of account number <u>578</u>	As of the petition filing date, the claim is: Check all that apply. \$7,563.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.387	Nonpriority creditor's name and mailing address Sonie, Varmah POB 3022 Burnsville, MN 55337 Date(s) debt was incurred _____ Last 4 digits of account number <u>313</u>	As of the petition filing date, the claim is: Check all that apply. \$8,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.388	Nonpriority creditor's name and mailing address Southwick, Daniel 500 N. 21st Street, Apt: 222 Philadelphia, PA 19130 Date(s) debt was incurred ____ Last 4 digits of account number <u>416</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,645.00
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3.389	Nonpriority creditor's name and mailing address Sovereign Rehab of Georgia 1301 Sigman Road NE, suite 220 Conyers, GA 30012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,950.00
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3.390	Nonpriority creditor's name and mailing address Spectrum Arena, LP P.O. Box 2424 Philadelphia, PA 19147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.40
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3.391	Nonpriority creditor's name and mailing address Spencer, Kenneth 1 Chelsea Avenue, Apt: 1-207 Long Branch, NJ 07740 Date(s) debt was incurred ____ Last 4 digits of account number <u>298</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,087.50
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3.392	Nonpriority creditor's name and mailing address Spike's Trophies Limited 2701 Grant Avenue Philadelphia, PA 19114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$761.55
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3.393	Nonpriority creditor's name and mailing address Sports Medicine Oregan 7300 SW Childs Road, Suite B Portland, OR 97224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$163.00
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3.394	Nonpriority creditor's name and mailing address Sports Recovery Lab, LLC 56 N. Haddon Avenue, Lower Level Haddonfield, NJ 08033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$220.00
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3.395	Nonpriority creditor's name and mailing address Sportsplex of Halfmoon, Inc 6 Corporate Drive Clifton Park, NY 12065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,560.00
<hr/>			
3.396	Nonpriority creditor's name and mailing address Stack Sports Performance & Therapy 1232 Collier Road NW Atlanta, GA 30318 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,890.00
<hr/>			
3.397	Nonpriority creditor's name and mailing address Stephen B. Goldberg Dispute Resolution Services 6555 W. Irving Park road, Suite 2098 Chicago, IL 60613 Date(s) debt was incurred <u>10/14/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,992.57
<hr/>			
3.398	Nonpriority creditor's name and mailing address Stephens, Brandon 19348 Bankers House Drive Katy, TX 77449 Date(s) debt was incurred ____ Last 4 digits of account number <u>382</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,543.75
<hr/>			
3.399	Nonpriority creditor's name and mailing address Stephens, Demetres 11894 Vanport Avenue Sylmar, CA 91342 Date(s) debt was incurred ____ Last 4 digits of account number <u>204</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,188.40
<hr/>			
3.400	Nonpriority creditor's name and mailing address Stephens, Isaiah 400 South Dupont Highway, Apt. 100 New Castle, DE 19720 Date(s) debt was incurred ____ Last 4 digits of account number <u>1065</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,378.13
<hr/>			
3.401	Nonpriority creditor's name and mailing address Stevens, Tony C 4771 Wren Court Charlottesville, VA 22911 Date(s) debt was incurred ____ Last 4 digits of account number <u>658</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,169.44

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3.402	Nonpriority creditor's name and mailing address Stevens, Tony L 5001 Londonberry Blvd. Orlando, FL 32808 Date(s) debt was incurred ____ Last 4 digits of account number <u>1062</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,837.50
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3.403	Nonpriority creditor's name and mailing address Stevenson, Larico 1651 Red Banks Road N. Byhalia, MS 38611 Date(s) debt was incurred ____ Last 4 digits of account number <u>168</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,568.75
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3.404	Nonpriority creditor's name and mailing address Still, Rashad 4317 Loma Diamante Drive El Paso, TX 79934 Date(s) debt was incurred ____ Last 4 digits of account number <u>972</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,520.00
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3.405	Nonpriority creditor's name and mailing address StoneRiver Pharmacy Solutions P.O. Box 17124 Memphis, TN 38187 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.83
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3.406	Nonpriority creditor's name and mailing address Stoshak, Jenson 3314 Hermitage Road East Jacksonville, FL 32277 Date(s) debt was incurred ____ Last 4 digits of account number <u>1031</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,307.50
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3.407	Nonpriority creditor's name and mailing address Summers, Derrick 3218 Haynes Park Drive Lithonia, GA 30038 Date(s) debt was incurred ____ Last 4 digits of account number <u>138</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,075.00
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3.408	Nonpriority creditor's name and mailing address Summit Anesthesia Consultants 1801 W. Olympic Blvd., File 1644 Pasadena, CA 91199 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.409	Nonpriority creditor's name and mailing address Sunbelt Rentals, Inc. P.O. Box 409211 Atlanta, GA 30384 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$324.04
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3.410	Nonpriority creditor's name and mailing address Sykes, Trumaine Joe 4 St. Francis Lane Schenectady, NY 12304 Date(s) debt was incurred _____ Last 4 digits of account number <u>445</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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3.411	Nonpriority creditor's name and mailing address Taylor, Collin 10260 Otter Place Carmel, IN 46033 Date(s) debt was incurred _____ Last 4 digits of account number <u>278</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,219.80
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3.412	Nonpriority creditor's name and mailing address Taylor, Terrance T 930 Washington Avenue Muskegon, MI 49441 Date(s) debt was incurred _____ Last 4 digits of account number <u>132</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,750.00
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3.413	Nonpriority creditor's name and mailing address Testan Law 1801 West Olympic Pasadena, CA 91199 Date(s) debt was incurred <u>11/4/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.00
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3.414	Nonpriority creditor's name and mailing address Texas Orthopaedic Associates LLP 8210 Walnut Hill Lane, Suite 1301-LB11 Dallas, TX 75231 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.88
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3.415	Nonpriority creditor's name and mailing address The Orthopaedic Clinic Association P.O. Box 664014 Dallas, TX 75266 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.56
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Debtor	Arena Football League LLC Name	Case number (if known)
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3.416	Nonpriority creditor's name and mailing address The Team Productions 503 South Front Street, Suite 250 Columbus, OH 43215 Date(s) debt was incurred <u>10/28/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,987.50
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3.417	Nonpriority creditor's name and mailing address Third Street Properties, LTD 33 N. Third Street Suite 500 Columbus, OH 43215 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>unpaid rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,552.00
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3.418	Nonpriority creditor's name and mailing address Thomas, Jordan 17502 Loring Lane Spring, TX 77388 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>1046</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00
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3.419	Nonpriority creditor's name and mailing address Thompkins, Brandon 2904 Hamilton Key West Palm Beach, FL 33411 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>130</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.40
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3.420	Nonpriority creditor's name and mailing address Thompkins, Kendal 5305 San Antonio Avenue Orlando, FL 32839 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>357</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$437.50
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3.421	Nonpriority creditor's name and mailing address Thompson Court Reporters, Inc. 1017 W. Washington Blvd., Suite 2F Chicago, IL 60607 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,482.75
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3.422	Nonpriority creditor's name and mailing address Thompson, Trenton 8201 N. Sterling Lake Covington, GA 30014 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>1056</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,102.50
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Debtor	Arena Football League LLC Name	Case number (if known)
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3.423	Nonpriority creditor's name and mailing address TIAA Commerical Finance, Inc. P.O. Box 911608 Denver, CO 80291 Date(s) debt was incurred <u>11/4/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$440.91
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3.424	Nonpriority creditor's name and mailing address Ticketmaster 14643 Collection Center Frive Chicago, IL 60693 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,500.00
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3.425	Nonpriority creditor's name and mailing address Tiller, Aaron 974 Jefferson Chase Way Blacklick, OH 43004 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>997</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,572.50
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3.426	Nonpriority creditor's name and mailing address Tim Cheatwood c/o Leviton, Diaz & Ginocchio 1551 N. Tustin Avenue, Suite 850 Santa Ana, CA 92705 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>2931</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.427	Nonpriority creditor's name and mailing address Tivis, Neal 521 E. Windsor Drive, Apt: 101 Denton, TX 76209 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>161</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,450.00
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3.428	Nonpriority creditor's name and mailing address Total Orthopedics 4700S. Wadsworth Blvd. Littleton, CO 80123 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.56
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3.429	Nonpriority creditor's name and mailing address Total Turf Experience 614 Lambs Road Pitman, NJ 08071 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,002.41
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Debtor	Arena Football League LLC Name	Case number (if known)
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3.430	Nonpriority creditor's name and mailing address Trail, Lynden 3820 Headwind Lane Portsmouth, VA 23703 Date(s) debt was incurred ____ Last 4 digits of account number <u>1003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,307.50
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3.431	Nonpriority creditor's name and mailing address Travelers Dept. 12787 P.O. Box 660333 Dallas, TX 75266 Date(s) debt was incurred <u>10/14/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$320,702.28
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3.432	Nonpriority creditor's name and mailing address Trevino, Adrian K 2092 Lynnemarie Drive Merced, CA 95341 Date(s) debt was incurred ____ Last 4 digits of account number <u>587</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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3.433	Nonpriority creditor's name and mailing address TRG, LLC P.O. Box 25180 Portland, OR 97298 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$744.71
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3.434	Nonpriority creditor's name and mailing address Tribue, Wayne 2730 coldspring Road York, PA 17404 Date(s) debt was incurred ____ Last 4 digits of account number <u>352</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.40
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3.435	Nonpriority creditor's name and mailing address Trifecta Sports and Entertainment LLC 201 Laurel Road, 7th Floor Voorhees, NJ 08043 Date(s) debt was incurred <u>various dates</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Promissory Notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,535,460.19
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3.436	Nonpriority creditor's name and mailing address Tufunga, Siosifa V 3592 Ganador Court Riverside, CA 92503 Date(s) debt was incurred ____ Last 4 digits of account number <u>817</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,855.63
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.437	Nonpriority creditor's name and mailing address Tulane University Hospital and Clinic P.O. Box 402872 Atlanta, GA 30384 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,021.30
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3.438	Nonpriority creditor's name and mailing address Tulane University Medical Group P.O. Box 54431 New Orleans, LA 70154 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187.00
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3.439	Nonpriority creditor's name and mailing address UC Health P.O. Box 630911 Cincinnati, OH 45263 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
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3.440	Nonpriority creditor's name and mailing address UCLA Health Physician Services P.O. Box 748156 Los Angeles, CA 90074 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$585.00
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3.441	Nonpriority creditor's name and mailing address Uitalia, Kasimili 1444 300th Avenue Lengby, MN 56651 Date(s) debt was incurred _____ Last 4 digits of account number <u>968</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$761.25
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3.442	Nonpriority creditor's name and mailing address United Concordia P.O. Box 827377 Philadelphia, PA 19182 Date(s) debt was incurred <u>11/13/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$659.60
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3.443	Nonpriority creditor's name and mailing address United Healthcare Springfield Service Center P.O. Box 30555 Salt Lake City, UT 84130 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,441.62
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Debtor	Arena Football League LLC Name _____	Case number (if known) _____
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3.444	Nonpriority creditor's name and mailing address University of Cincinnati Physicians, LLC P.O. Box 630861 Cincinnati, OH 45263 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$88.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.445	Nonpriority creditor's name and mailing address Unum 2211 Congress Street Portland, ME 04122 Date(s) debt was incurred <u>11/1/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$486.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.446	Nonpriority creditor's name and mailing address Upside Collective 80 State Street, 2nd Floor Albany, NY 12207 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.447	Nonpriority creditor's name and mailing address Vanguard c/o Ascensus P.O. Box 28067 New York, NY 10087 Date(s) debt was incurred <u>10/28/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.448	Nonpriority creditor's name and mailing address Veritext Midwest P.O. Box 71303 Chicago, IL 60694 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,114.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.449	Nonpriority creditor's name and mailing address Veritext, LLC P.O. Box 71303 Chicago, IL 60694 Date(s) debt was incurred <u>10/16/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$160.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.450	Nonpriority creditor's name and mailing address Victorian, Josh J 305 Turtle Creek Saint Rose, LA 70087 Date(s) debt was incurred _____ Last 4 digits of account number <u>626</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,938.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Arena Football League LLC Name	Case number (if known)
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3.451	Nonpriority creditor's name and mailing address Virgil Gray c/o Tim English 3150 Almeden Expressway, #147 San Jose, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number <u>9956</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>worker's compensation claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.452	Nonpriority creditor's name and mailing address Virtua Center for Surgery P.O. Box 95000-4265 Philadelphia, PA 19195 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,622.50
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3.453	Nonpriority creditor's name and mailing address Virtua West Jersey P.O. Box 85008032 Philadelphia, PA 19178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,367.00
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3.454	Nonpriority creditor's name and mailing address Vogel, Jacob 12 Deire Drive Sparta, NJ 07871 Date(s) debt was incurred ____ Last 4 digits of account number <u>1079</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.63
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3.455	Nonpriority creditor's name and mailing address VoiceGalaxy Productions 395 Houghton Road Northfield, OH 44067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
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3.456	Nonpriority creditor's name and mailing address Voiceplus 6625 S. Valley View Blvd., #416 Las Vegas, NV 89118 Date(s) debt was incurred <u>11/1/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$151.20
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3.457	Nonpriority creditor's name and mailing address Voorhees Fire District 423 Cooper Road Voorhees, NJ 08043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
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Debtor	Arena Football League LLC Name	Case number (if known) _____
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3.458	Nonpriority creditor's name and mailing address Warren, Jeremiah E 1401 Magnolia Avenue Panama City, FL 32401 Date(s) debt was incurred ____ Last 4 digits of account number <u>780</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,482.50
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3.459	Nonpriority creditor's name and mailing address Wascha, Aaron P 9016 Hatt Road Linden, MI 48451 Date(s) debt was incurred ____ Last 4 digits of account number <u>798</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,531.25
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3.460	Nonpriority creditor's name and mailing address Weathers, Caylon 7255 Germantown Trail Memphis, TN 38125 Date(s) debt was incurred ____ Last 4 digits of account number <u>988</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$735.00
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3.461	Nonpriority creditor's name and mailing address Weaver, Michael-Anthony 106 Evergreen Avenue Elmira, NY 14905 Date(s) debt was incurred ____ Last 4 digits of account number <u>1053</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.63
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3.462	Nonpriority creditor's name and mailing address Weil, Gotshal & Manages LLP 767 Fifth Avenue New York, NY 10153 Date(s) debt was incurred <u>4/25/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$365,373.19
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3.463	Nonpriority creditor's name and mailing address Wheelwright, Robert 5598 Worcester Drive Columbus, OH 43232 Date(s) debt was incurred ____ Last 4 digits of account number <u>942</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,102.50
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3.464	Nonpriority creditor's name and mailing address White, Lorenzo 2816 Northwest 15th Court Fort Lauderdale, FL 33311 Date(s) debt was incurred ____ Last 4 digits of account number <u>1088</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$367.50
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Debtor	Arena Football League LLC Name _____	Case number (if known) _____
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3.465	Nonpriority creditor's name and mailing address Wiggins, Gavin 550 Monastery Avenue Philadelphia, PA 19128 Date(s) debt was incurred ____ Last 4 digits of account number <u>1068</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$498.75
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3.466	Nonpriority creditor's name and mailing address Williams, Jordan 5370 Armor Duells Road Orchard Park, NY 14127 Date(s) debt was incurred ____ Last 4 digits of account number <u>838</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,703.75
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3.467	Nonpriority creditor's name and mailing address Williams, Milton D 4920 Fort Totten Drive, Apt: 31 Washington, DC 20011 Date(s) debt was incurred ____ Last 4 digits of account number <u>811</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,626.40
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3.468	Nonpriority creditor's name and mailing address Wilson High School 1151 SW Vermont Portland, OR 97219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.00
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3.469	Nonpriority creditor's name and mailing address Wilson, Reggie 5112 Roxie Street Haltom City, TX 76117 Date(s) debt was incurred ____ Last 4 digits of account number <u>706</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,396.25
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3.470	Nonpriority creditor's name and mailing address Windsor, Rodrikus 1320 N. McQueen Road, Apt: 2011 Chandler, AZ 85225 Date(s) debt was incurred ____ Last 4 digits of account number <u>102</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,062.80
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3.471	Nonpriority creditor's name and mailing address Windy Hill Hospital P.O. Box 406173 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,773.00
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Debtor	Arena Football League LLC Name _____	Case number (if known) _____
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3.472	Nonpriority creditor's name and mailing address Worldwide Express 610 Warrendale Road Gibsonia, PA 15044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$225.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.473	Nonpriority creditor's name and mailing address Xfinity P.O. Box 34744 Seattle, WA 98124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$6,793.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.474	Nonpriority creditor's name and mailing address Xtreme Physical Therapy 3300 Hehrman Place New Orleans, LA 70114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$550.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.475	Nonpriority creditor's name and mailing address Yes Energy Management; CTL Management 16300 Estuary Drive Beaverton, OR 97006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,390.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.476	Nonpriority creditor's name and mailing address Young, Curtis D 681 E. 113th Street Cleveland, OH 44108 Date(s) debt was incurred ____ Last 4 digits of account number <u>277</u>	As of the petition filing date, the claim is: Check all that apply. \$2,169.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.477	Nonpriority creditor's name and mailing address Young, Domonique 9333 Crenshaw Blvd. Cleveland, OH 44108 Date(s) debt was incurred ____ Last 4 digits of account number <u>943</u>	As of the petition filing date, the claim is: Check all that apply. \$735.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.478	Nonpriority creditor's name and mailing address Young, Kenric 4151 NW 43rd Street Gainesville, FL 32606 Date(s) debt was incurred ____ Last 4 digits of account number <u>914</u>	As of the petition filing date, the claim is: Check all that apply. \$2,520.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Debtor **Arena Football League LLC**
Name

Case number (if known)

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	AIG Property Casualty, Inc. 175 Water Street, 15th Floor Attn: Jason R. Goldy, Associate GC New York, NY 10038	Line 3.13 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Pro Athlete Law Group 401 B St #2350 San Diego, CA 92101	Line 3.391 <input type="checkbox"/> Not listed. Explain _____	—
4.3	Pro Athlete Law Group 401 B St #2350 San Diego, CA 92101	Line 3.399 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 299.16
5b. +	\$ 17,222,388.77
5c.	\$ 17,222,687.93

Fill in this information to identify the case:Debtor name **Arena Football League LLC**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining **Ending on 08/31/2021**

List the contract number of any government contract _____

Adirondack Technical Solutions, LLC
5457 State Route 40
Argyle, NY 12809

2.2. State what the contract or lease is for and the nature of the debtor's interest **ADP Workforce Now Comprehensive Services / Master Services Agreement**

State the term remaining _____

List the contract number of any government contract _____

ADP, LLC
One ADP Blvd.
Roseland, NJ 07068

2.3. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining **Ending on 08/31/2020**

List the contract number of any government contract _____

Albany Advanced Imaging
3 Atrium Drive
Albany, NY 12205

2.4. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining **Ending on 12/31/2021**

List the contract number of any government contract _____

Ancero, LLC
1001 Briggs Road, Ste. 220
Mount Laurel, NJ 08054

Debtor 1 **Arena Football League LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Office Lease for premises consisting of a portion of the seventh floor of Four Echelon Plaza, 201 Laurel Road, Voorhees, NJ Arden Echelon Partners, LLC c/o The Arden Group, Inc. 1600 Market St., Ste. 2600 Philadelphia, PA 19103	
2.6.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Advertising and Sponsorship Ending on 12/31/2020 Autumn Ridge Apartments 1501 Little Gloucester Road Blackwood, NJ 08062	
2.7.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Advertising and Sponsorship Ending on 08/31/2020 Capital District Physicians' Health Plan 500 Patroon Creek Blvd. Albany, NY 12206	
2.8.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	The use and operation of an arena football league franchise team at Jim Whelan Boardwalk Hall Three years from January 31, 2019 Casino Reinvestment Dev. Authority	
2.9.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Advertising and Sponsorship Ending on 08/31/2020 Center for Family Practice 8 Century Hill Drive Albany, NY 12211	
2.10.	State what the contract or lease is for and the nature of the debtor's interest	Advertising and Sponsorship Clifton Park Podiatry 1673 Route 9 Clifton Park, NY 12065	

Debtor 1 **Arena Football League LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **Ending on 08/31/2020**

List the contract number of any government contract _____

2.11. State what the contract or lease is for and the nature of the debtor's interest **Arena License Agreement**State the term remaining **Ending on 02/03/2022**

List the contract number of any government contract _____

**D.C. Arena L.P.
601 F Street NW
Washington, DC 20004**2.12. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**State the term remaining **Ending on 12/31/2020**

List the contract number of any government contract _____

**Dance! By Debra DiNote
208 E. Holly Ave.
Sewell, NJ 08080**2.13. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**State the term remaining **Ending on 08/31/2020**

List the contract number of any government contract _____

**Druthers Brewing Company
381 Broadway
Saratoga Springs, NY 12866**2.14. State what the contract or lease is for and the nature of the debtor's interest **Advertising / Sponsorship**State the term remaining **Ending on 09/30/2022**

List the contract number of any government contract _____

**Franklin Group
1856 Flatbush Avenue
Brooklyn, NY 11210**2.15. State what the contract or lease is for and the nature of the debtor's interest **Letter of Agreement regarding sponsorship**State the term remaining **Ending on 08/30/2020**

List the contract number of any government contract _____

Germain Auto Group

Debtor 1 **Arena Football League LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.16. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining

Ending on 08/01/2020

List the contract number of any government contract

Hoffman's Exterminating Co. Inc.
532 Bridgeton Pike (Route 45)
Mantua, NJ 08051

2.17. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining

Ending on 08/31/2020

List the contract number of any government contract

Infinity Hair Salon & Spa
1223 Fort Hunter Road
Schenectady, NY 12303

2.18. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining

Ending on 08/31/2022

List the contract number of any government contract

KDI
200 Rocoosin Dr., Ste. 101-103
Aston, PA 19104

2.19. State what the contract or lease is for and the nature of the debtor's interest **Product Lease and Postage Meter Rental Agreement**

State the term remaining

List the contract number of any government contract

MailFinance, a Neopost USA Company
478 Wheelers Farm Road
Milford, CT 06461

2.20. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining

Ended on 03/31/2019

List the contract number of any government contract

MJ Pelkey Pavement Maintenance
14 Willowbrook Lane
Cohoes, NY 12047

2.21. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining

Ending on 08/31/2022

List the contract number of any

Morgan Linen Service
145 Broadway
Albany, NY 12204

Debtor 1 **Arena Football League LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.22. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining

Ending on 08/31/2020

List the contract number of any government contract

**NYS Office of Parks, Rec.&Historic Pres.
625 Broadway
Albany, NY 12207**

2.23. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining

Ending on 10/09/2021

List the contract number of any government contract

**Optimal Health Chiro. & Physical Therapy
6106 Black Horse Pike, Unit A3
Egg Harbor Township, NJ 08234**

2.24. State what the contract or lease is for and the nature of the debtor's interest **Subscription Services Agreement**

State the term remaining

List the contract number of any government contract

**Oracle America, Inc.
500 Oracle Parkway
Redwood City, CA 94065**

2.25. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining

Ending on 08/31/2020

List the contract number of any government contract

**OrthoNY, LLP
121 Everett Road
Albany, NY 12205**

2.26. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining

Ending on 08/31/2020

List the contract number of any government contract

**Pepsi Co.
1 Pepsi Cola Drive
Albany, NY 12210**

2.27. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

**Pioneer Bank
652 Albany-Shaker Road
Albany, NY 12211**

Debtor 1 **Arena Football League LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **Ending on 08/31/2020**

List the contract number of any government contract _____

2.28. State what the contract or lease is for and the nature of the debtor's interest **Sports Medicine Services and Team Sponsorship Agreement**

State the term remaining **Ending on 01/12/2023**

List the contract number of any government contract _____

Reconstructive Orthopedics, P.A.
4A Eves Dr., Ste. 100
Marlton, NJ 08053

2.29. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining **Ending on 12/31/2020**

List the contract number of any government contract _____

Renewal by Anderson
761 5th Ave., #3
King of Prussia, PA 19406

2.30. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining **Ending on 08/31/2020**

List the contract number of any government contract _____

Repeat Business Systems, Inc.
4 Fritz Blvd.
Albany, NY 12211

2.31. State what the contract or lease is for and the nature of the debtor's interest **Use License Agreement**

State the term remaining _____

List the contract number of any government contract _____

SMG
300 Four Falls Corporate Center
300 Conshohocken State Rd., Ste. 450
Conshohocken, PA 19428

2.32. State what the contract or lease is for and the nature of the debtor's interest **Advertising and Sponsorship**

State the term remaining **Ending on 08/31/2020**

List the contract number of any government contract _____

Solomon Apartments Management
92 River Road
Summit, NJ 07901

Debtor 1 **Arena Football League LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.33. State what the contract or lease is for and the nature of the debtor's interest

License Agreement

State the term remaining

2020 Arena Football season

List the contract number of any government contract

Spectrum Arena Limited Partnership
3601 South Broad Street
Philadelphia, PA 19148

2.34. State what the contract or lease is for and the nature of the debtor's interest

Advertising and Sponsorship

State the term remaining

Ending on 08/31/2020

List the contract number of any government contract

TechEast Fire & Water Restoration
28 Emerick Lane
Albany, NY 12211

2.35. State what the contract or lease is for and the nature of the debtor's interest

Sports Medicine and Sponsored Publicity Services Agreement

State the term remaining

Ending 12/31/2019

List the contract number of any government contract

The Ohio State University
on behalf of its Wexner Medical Center
2835 Fred Taylor Drive, Ste. 2229
Columbus, OH 43202

2.36. State what the contract or lease is for and the nature of the debtor's interest

Property Lease at Suite 300, 33 North Third Street, Columbus, OH

State the term remaining

Ending 02/28/2022

List the contract number of any government contract

Third Street Properties, Ltd.
33 North Third Street, Ste. 500
Columbus, OH 43215

2.37. State what the contract or lease is for and the nature of the debtor's interest

Lease regarding certain portions within Building One and, to the extent applicable, Building Two of the Sports Complex
Ending on 01/12/2023

State the term remaining

List the contract number of any government contract

Total Turf Experience, LLC
614 Lambs Road
Pitman, NJ 08071

2.38. State what the contract or lease is for and the nature of the debtor's interest

Advertising and Sponsorship

State the term remaining

Ending on 08/31/2020

Transfinder
440 State Street
Schenectady, NY 12305

Debtor 1 **Arena Football League LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.39. State what the contract or lease is for and the nature of the debtor's interest **Convertible promissory note purchase agreement dated 4/26/2019**

State the term remaining _____

List the contract number of any government contract _____

Trifecta Sports and Entertainment LLC
201 Laurel Road, 7th Floor
Voorhees, NJ 08043

2.40. State what the contract or lease is for and the nature of the debtor's interest **401K Plan/Recordkeeping Services Agreement**

State the term remaining _____

List the contract number of any government contract _____

Vanguard / Ascensus, LLC
200 Dryden Road
Dresher, PA 19025

2.41. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider and Sponsor of certain medical services**

State the term remaining _____

List the contract number of any government contract _____

Ending on 10/30/2023

Virtua Health, Inc.
302 Lippincott Dr., 2nd Fl.
Marlton, NJ 08053

Fill in this information to identify the case:Debtor name **Arena Football League LLC**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name Arena Football League LLCUnited States Bankruptcy Court for the: DISTRICT OF DELAWARE

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From 1/01/2019 to Filing Date

Sources of revenue
Check all that apply

☒ Operating a business☐ Other _____

Gross revenue
(before deductions and exclusions)

\$8,245,888.58

For prior year:

From 1/01/2018 to 12/31/2018

☒ Operating a business☐ Other _____\$13,089,143.26

For year before that:

From 1/01/2017 to 12/31/2017

☒ Operating a business☐ Other _____\$10,720,380.21**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.

Description of sources of revenue

Gross revenue from
each source
(before deductions and
exclusions)

From the beginning of the fiscal year to filing date:

From 1/01/2019 to Filing Date

Trademark royalty\$45,000.00**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Arena Football League LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Conner Strong & Buckelew 401 NJ-73 #300 Marlton, NJ 08053	8/7/19 (\$15,749); 8/29/19 (\$17,470); 10/22/19 (\$13,755.93)	\$46,974.93	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Travelers 485 Lexington Ave. New York, NY 10017	8/8/19 (\$7,356.28); 8/21/19 (\$69,695.35); 9/9/19 (\$7,356.28); 10/8/19 (\$7,356.28)	\$91,764.19	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. AFLPU 6300 Powers Ferry Road Atlanta, GA 30339	8/12/19 (\$10,652); 9/6/19 (\$42,000); 9/30/19 (\$7,332.62)	\$59,984.62	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. Key Benefit Administrators 8330 Allison Pointe Trail Indianapolis, IN 46250	8/14/19 (\$28,439.18); 8/21/19 (\$60887.26)	\$89,326.44	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5. Cleveland Sports Marketing LLC	8/15/19 (\$6,667); 9/15/19 (\$6,667); 10/10/19 (\$6,667)	\$20,001.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.6. New York State Insurance Fund (NYSIF) 199 Church St New York, NY 10007	8/15/19 (\$92,990.89); 8/15/19 (\$39,640.12); 9/6/19 (\$39,670.12); 9/17/19 (\$92,990.89); 10/16/19 (\$92,990.89)	\$358,282.91	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____
3.7. Ohio Bureau of Worker's Compensation 30 W. Spring St. Columbus, OH 43215	8/21/19 (\$9,170.92); 8/30/19 (\$117,463); 9/19/19 (\$9,170.92); 10/10/19 (\$9,170.92)	\$144,975.76	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other _____

Debtor **Arena Football League LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.8. Neff Associates Inc. 13 S 3rd St Philadelphia, PA 19106	8/21/19 (\$10,212); 9/12/19 (\$20,212); 10/1/19 (\$20,212)	\$50,636.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.9. Independence Blue Cross 1901 Market St Philadelphia, PA 19103	8/21/19 (\$13,645.25); 9/16/19 (\$14,161.84); 10/24/19 (\$13,755.93)	\$41,563.02	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.10 ADP 1 Adp Blvd Roseland, NJ 07068	8/21/19 (\$14,135.71); 9/26/19 (\$15,036.07)	\$29,171.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.11 DC Arena LP 601 F St Nw Washington, DC 20004		\$984,801.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.12 American Express P.O. Box 981535 El Paso, TX 79998	8/9/19 (\$53,121.38); 8/27/19 (\$14,473.05); 8/31/19 (\$43,188.17); 10/1/19 (\$7,139.45); 10/7/19 (\$21,114.40)	\$139,036.45	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.13 SWIF 100 Lackawanna Ave # 300 Scranton, PA 18503	9/4/19 (\$12,337); 9/17/19 (\$12,337); 10/10/19 (\$12,337)	\$37,011.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.14 Viewlift	9/5/19 (\$21,000); 10/1/19 (\$16,000); 10/11/19 (\$16,000)	\$53,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Arena Football League LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.15 Paciolan 5291 California Avenue, Suite 100 Irvine, CA 92617	9/5/19 (\$8,210.68); 9/16/19 (\$24,053.65); 10/11/19 (\$10,198.72)	\$42,463.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.16 Adelson Mclean, APC 895 Dove Street, Suite 300 Newport Beach, CA 92660	10/11/19	\$8,417.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.17 The Arden Group, Inc. 201 Laurel Road Voorhees, NJ 08043	8/8/19	\$10,160.85	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.18 Townsquare Media of Albany 1241 Kings Rd Schenectady, NY 12303	8/12/19 (\$20,000); 9/16/19 (\$12,150);	\$32,150.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.19 Upside Collective 80 State St 2nd Floor Albany, NY 12207	8/21/19	\$6,800.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.20 Blue Heron Golf	8/21/19	\$6,984.91	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.21 Delaware Express Shuttle and Tours 2825 Ogletown Rd Newark, DE 19713	8/21/19 (\$7,192); 9/16/19 (\$8,983)	\$16,175.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.22 Premiere Transportation 30 Lanford Rd New Castle, DE 19720	8/21/19	\$9,765.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Arena Football League LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.23 Sawyer's Screen Printing and Embroidery 10 Hallwood Road Delmar, NY 12054	8/21/19	\$10,670.48	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.24 American Concert and Ent. Svcs, Inc. 17 Monroe St Troy, NY 12180	8/21/19	\$12,096.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.25 Hilton Garden Inn	8/21/19	\$12,861.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.26 Autumn Ridge Apartments 1501 Little Gloucester Rd Blackwood, NJ 08012	8/21/19 (\$17,316.57); 9/16/19 (\$14,706)	\$32,022.57	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.27 Camelot	8/21/19	\$46,142.22	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.28 Sheraton Airport	8/22/19	\$10,304.98	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.29 Aetna	9/1/19 (\$22,640.37); 10/1/19 (\$16,958.20); 11/1/19 (\$18,947.18)	\$58,545.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.30 Afrim's Sports	9/3/19	\$7,200.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Arena Football League LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.31 WNYT-TV	9/3/19	\$15,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.32 Pro Towels	9/3/19	\$17,242.51	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.33 Virtua West Jersey	9/16/19 (\$6,786); 9/16/19 (\$15,521)	\$22,307.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.34 Total Turf Experience 614 Lambs Road Pitman, NJ 08071	9/16/19	\$10,876.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.35 Vantage Surgery Center 350 Young Ave Moorestown, NJ 08057	9/16/19	\$11,616.55	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.36 The Daily Gazette Co., Inc. 2345 Maxon Rd Extension Schenectady, NY 12308	9/16/19	\$12,756.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.37 Pamal Broadcasting	9/16/19	\$14,845.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.38 Big Game USA 13835 Welch Road Dallas, TX 75244	9/16/19	\$18,463.75	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Arena Football League LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.39 Total Traffic Network	9/16/19	\$19,110.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.40 Santore's Fireworks 846 Stillwater Bridge Rd, Schaghticoke, NY 12154	9/16/19	\$26,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.41 Camelot	9/16/19	\$29,974.19	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.42 New Jersey Education Association 180 West State Street, Box 1211 Trenton, NJ 08607	10/16/19	\$12,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.43 Albany Times Union Box 15000, News Plaza Albany, NY 12212	9/16/19	\$9,613.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.44 Longport Media LLC 1601 New Rd Linwood, NJ 08221	9/3/19	\$9,990.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.45 Comcast Spotlight	8/21/19	\$10,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.46 Academy Bus LLC 6 Western Dr Mount Holly, NJ 08060	9/16/19	\$10,724.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____

Debtor **Arena Football League LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.47 Turf Nation Inc. 3525 Old Dixie Hwy SE Dalton, GA 30721	9/16/19	\$11,788.43	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.48 Spike's Trophies Limited 2701 Grant Avenue Philadelphia, PA 19114	8/21/19	\$21,623.96	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.49 Townsquare Media Atlantic City 950 Tilton Rd #200 Northfield, NJ 08225	9/3/19	\$30,145.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.50 Enterprise	8/21/19	\$34,958.87	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.51 Reconstructive Orthopedics	8/21/19	\$52,458.91	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____
3.52 Duane Morris LLP 30 South 17th Street Philadelphia, PA 19103-4196	11/27/19 (Payment made with third party funds, not funds of the Debtor)	\$13,904.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

Debtor **Arena Football League LLC**

Case number (if known) _____

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Jerome Raymond v. AFL 19-1423	unpaid wage action	District Court, DC	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Robin Hammond v. AFL 19STCV05943	wrongful death action	Los Angeles Superior Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	National Union Fire Ins. Co. of Pittsburgh, PA v. AFL 656055/2019	Suit related to worker's compensation insurance policy	NY Supreme Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Anthony Herron v. AFL 2018L014006	breach of contract	Cook County Circuit Court, Illinois	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	Richard Ranglin v. AFL 18-cv-04256	labor arbitration award	Northern District Illinois	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Debtor **Arena Football League LLC**

Case number (if known) _____

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	Audible for Autism	6/10 game ticket and jersey auction	6/18/18	\$5,790.00
	Recipients relationship to debtor			
9.2.	Team RWB	bootcamp \$465/Support packs \$2500	6/26/18; 7/25/18	\$5,925.00
	Recipients relationship to debtor			
9.3.	Veteran Tickets Foundation	game tickets	4/30/18-4/30/19 various dates	\$26,834.50
	Recipients relationship to debtor			
9.4.	Veteran Tickets Foundation	military jersey auction	6/30/18; 6/18/19	\$8,572.00
	Recipients relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers11. **Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **Arena Football League LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Duane Morris LLP 30 South 17th Street Philadelphia, PA 19103-4196	Retainer/Attorney Fees/Filing Fee	11/24/2019	\$65,000.00

Email or website address
MLastowski@duanemorris.com

Who made the payment, if not debtor?
The payment was made by the two Members of Arena Football League, LLC: Anacostia Sports, LLC (\$32,500.00) and Trifecta Sports and Entertainment LLC (\$32,500.00)

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 8925 W. Post Road, Suite 105 Las Vegas, NV 89148	9/2016 - 10/2019
14.2. 8945 W. Post Road, #210 Las Vegas, NV 89148	2/2016-8/2016

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Debtor **Arena Football League LLC**

Case number (if known) _____

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

credit card information, billing information (name, address, phone, email), bank account information, tax id

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

AFL 401(k) Retirement Plan

Employer identification number of the plan

EIN: **611603730**

Has the plan been terminated?

☒ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **Arena Football League LLC**

Case number (if known) _____

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Spaceworks Self Storage 2 Myers Drive Mullica Hill, NJ 08062	n/a	misc. afl memorabilia, game tapes, media guides, pictures, dated computer and office equipment and more. Value unknown.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Argosy Management Group 7905 Browning Road, suite 112 Merchantville, NJ 08109	n/a	Philadelphia Soul field system including playing field, padding, field goal posts and nets. All items fully depreciated	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Times Union Center 51 South Pearl Street Albany, NY 12207	n/a	Albany Empire fired system including playing field, field goal posts, padding, and nets	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Jim Whelan Historic Boardwalk Hall 2301 Boardwalk Atlantic City, NJ 08401	n/a	AC Blackjacks: Field system including playing field, padding, field goal posts and nets	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Royal Farms Arena 201 W. Baltimore Street Baltimore, MD 21201	Royal Farms Arena controlled	Baltimore Brigade: Field system including playing field, padding, field goal posts and nets	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Washington Valor 3905 Penn Belt Place District Heights, MD 20747	MSE controlled offsite storage	Washington Valor: Field system including playing field, padding, field goal posts and nets	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Athletic Performance Inc. 740 MD Route 3 South Gambrills, MD 21054	POD is AFL controlled by on API property	First aid/medical supplies	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Capital One Arena 601 F. Street NW Washington, DC 20004	MSE controlled	Washington Valor equipment	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Storage Site 3670 Wheeler Avenue Alexandria, VA 22304	Third party controlled offsite storage	equipment	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Edge Training Academy 112 Log Canoe Circle Stevensville, MD 21666	Edge Training Academy controlled	equipment/offices	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Edge Training Academy 325 Log Canoe Circle Stevensville, MD 21666	AFL controlled - located on Edge Training Academy property	trailer	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Columbus Field System Storage Location 3410 East 5th Avenue Columbus, OH 43219	n/a	Columbus Destroyers Field System	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor **Arena Football League LLC**

Case number (if known) _____

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Speedway Storage Facility 3304 East Broad Street Columbus, OH 43210-3000	n/a	Columbus Destroyers property: all dasher pads, 6 skids of dasher boards (both endzones), 8 trunks of field goal rigging equipment, 2 sets of first down markers, unused field goal nets, approx. 1000 group t-shirts, white uniform pants, black uniform pants, practice jerseys, tripod and extension cords, 5 helmet visors, 3 coaches headsets, 3 portable tv stands, 2 press conference backdrops, floor pads that cover exposed concrete (cut to fit nationwide), 28 portable lockers	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Bo Jackson Facility 4696 Cosgray Road Hilliard, OH 43026	n/a	3 tv's, 2 20 yard inflatable walls, 2 blowers, 1 video camera, 1 pole for video camera	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
unknown location	unknown	Monumental Sports Items in Storage: MSE Current Storage Pallet Count Valor t-shirts 2 Valor Coasters 1 Valor Flags 1 Brigade t-shirts 3 Brigade Jerseys 1 Valor Jerseys 1 Valor Inflatables 2	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Debtor **Arena Football League LLC**

Case number (if known) _____

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
-----------------------	-------------------------------------	--

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Araxie Grant 10417 White Princess Avenue Las Vegas, NV 89166	11/15/2018
26a.2. Candice Hall 1731 E. Hudson Bay Palatine, IL 60074	10/11/2019
26a.3. Antwine Lowery 918 E. Durham Street Philadelphia, PA 19150	4/15/19-present
26a.4. Sarah Millner 513 S. Jupiter Street, 2nd Floor Philadelphia, PA 19147	10/26/18-present
26a.5. Carly Griffin 127 Landing Drive Woodbury, NJ 08096	10/27/14-present
26a.6. Anastasia Savchenko 9050 W. Warm Springs Road, 2102 Las Vegas, NV 89148	11/15/18

Debtor **Arena Football League LLC**

Case number (if known) _____

Name and address	Date of service From-To
26a.7. Kelly Tate, CPA 7336 W. Post Road, #10 Las Vegas, NV 89113	11/26/18
26a.8. CliftonLarsonAllen, LLP 610 W. Germantown Pike, #400 Plymouth Meeting, PA 19462	1/10/19
26a.9. Keith Burrows 601 F Street, NW Washington, DC 20004	1/1/2016-present
26a.10. Jake Schoenfield 601 F Street, NW Washington, DC 20004	1/1/16-present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
------------------	---

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Randall Boe	1600 Market Street, Suite 2600 Philadelphia, PA 19103	Commissioner	
Anacostia Sports LLC	601 F. Street, NW Washington, DC 20004	Shareholder	50.0
Trifecta Sports and Entertainment LLC	201 Laurel Road, 7th Floor Voorhees, NJ 08043	Shareholder	50.0

Debtor **Arena Football League LLC**

Case number (if known) _____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 27, 2019**

/s/ Randall Boe

Signature of individual signing on behalf of the debtor

Randall Boe

Printed name

Position or relationship to debtor **Commissioner**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Delaware

In re **Arena Football League LLC**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>65,000.00</u>
Prior to the filing of this statement I have received	\$	<u>65,000.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ **335.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
- ☐ Debtor ☒ Other (specify): **\$32,500.00 paid by Anacostia Sports, LLC**
\$32,500.00 paid by Arena Football One LLC
4. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 27, 2019

Date

/s/ Michael R. Lastowski**Michael R. Lastowski**

Signature of Attorney

Duane Morris LLP**222 Delaware Avenue, Suite 1600****Wilmington, DE 19801-1659****302-657-4900 Fax: 302-657-4901****MLastowski@duanemorris.com**

Name of law firm

**United States Bankruptcy Court
District of Delaware**

In re **Arena Football League LLC**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the Commissioner of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **November 27, 2019**

/s/ Randall Boe

Randall Boe/Commissioner

Signer/Title

Acadian Ambulance Service
P.O. Box 92970
130 E. Kaliste Saloom road
Lafayette, LA 70509

Accelerated Rehabilitation Centers
2396 Momentum Place
Chicago, IL 60689

Addison, Dominic J
7021 Filbert Lane
Tampa, FL 33637

Adelson Mclean, APC
895 Dove Street, Suite 300
Newport Beach, CA 92660

Adirondack Technical Solutions LLC
5457 State Route 40
Argyle, NY 12809

Adirondack Technical Solutions, LLC
5457 State Route 40
Argyle, NY 12809

ADP
P.O. Box 842875
Boston, MA 02284-2875

ADP, LLC
One ADP Blvd.
Roseland, NJ 07068

Adrian Battles
c/o Glenn Stuckey
1McArthur Place, Suite 200
Santa Ana, CA 92707

Adrian McPherson
c/o Pro Athlete LAw Group
401 B St #2350
San Diego, CA 92101

Adron Terrell
c/o Tim English, Esquire
3150 Almaden Expressway, #147
San Jose, CA 95118

Advantage Warehousing & Logistics
7050 Lindell Road, #160
Las Vegas, NV 89118

AFLPU
6300 Powers Ferry Road
Atlanta, GA 30339

AIA Whats Up Promotions
8148 Solutions Center
Chicago, IL 60677

AIG Property Casualty Inc.
c/o Sidley Austin LLP
787 Seventh Avenue
Attn: Andrew D. Hart
New York, NY 10019

AIG Property Casualty, Inc.
175 Water Street, 15th Floor
Attn: Jason R. Goldy, Associate GC
New York, NY 10038

Albany Advanced Imaging
P.O. Box 74
Latham, NY 12110

Albany Advanced Imaging
3 Atrium Drive
Albany, NY 12205

Albany Times Union
P.O. Box 80068
Prescott, AZ 86304

All About Therapy
501 E. Sugarland Hwy.
Clewiston, FL 33440

All Service Moving
66 SE Morrison
Portland, OR 97214

Allied Storage Containers
3420 Chateau Drive
East New Market, MD 21631

Alpha Media LLC
1211 SW 5th Avenue, Suite 750
Portland, OR 97204

Amarri Jackson
c/o Pro Athlete Law Group
401 B St #2350
San Diego, CA 92101

American Express
P.O. Box 30384
Salt Lake City, UT 84130

Amos, Anthony
5551 Livingston Drive
Fayetteville, NC 28311

Anacostia Sports LLC
601 F. Street, NW
Washington, DC 20004

Ancero LLC
1001 Briggs Road, Suite 220
Mount Laurel, NJ 08054

Ancero, LLC
1001 Briggs Road, Ste. 220
Mount Laurel, NJ 08054

Andrew Holland
10503 NE Oak Brooker
Vancouver, WA 98662

Andrews, Donell
614 Ralston Avenue
Pikesville, MD 21208

Anthony Herron
1305 S. Michigan Avenue, Apt. 804
Chicago, IL 60605

Arden Echelon Partners, LLC
201 Laurel Road
Voorhees, NJ 08043

Arden Echelon Partners, LLC
c/o The Arden Group, Inc.
1600 Market St., Ste. 2600
Philadelphia, PA 19103

ASC Downtown Surgery Center
801 N. Orange Avenue, Suite 630
Orlando, FL 32801

Asset Recovery Group, Inc.
P.O. Box 14949
Portland, OR 97293

Associated Patho
12350 Collection Center
Chicago, IL 60693

Associated Reproduction Services
13925 Whittier Blvd.
Whittier, CA 90605

Athens Orthopedic Clinic
1765 Old West Broad Street
P.O. Box 101709
Athens, GA 30606

Athletes Performance
6155 Sports Village road, Suite 400
Frisco, TX 75034

Athletic Decals Inc.
8800 Bissonnet Street, Suite N
Houston, TX 77074

Atlantic City Weekly
1000 West Washington Street
Pleasantville, NJ 08232

Atoe, James D
18544 96th Avenue E
Puyallup, WA 98375

Austin, Rodney B
38 Pickering Lane
Troy, NY 12180

Autumn Ridge Apartments
1501 Little Gloucester Road
Cope, CO 80812

Autumn Ridge Apartments
1501 Little Gloucester Road
Blackwood, NJ 08062

Bailey, Willie C
16101 NW 17th Place
Opa Locka, FL 33054

Baltimore Sun
P.O. Box 3132
Boston, MA 02241-3132

Barber, Robert
10513 191st Court East
Puyallup, WA 98374

Barnett, Phillip M
2010 Queen Avenue
Middletown, OH 45044

Barton Malow Company
300 Spruce Street, Suite 120
Columbus, OH 43215

Bashor's Team Athletics
4810 N. interstate Avenue
Portland, OR 97217

Bates, Leonardo
1048 Carmadelle Street
Marrero, LA 70072

Beacon Advisors, Inc.
1912 N. Hudson Avenue
Chicago, IL 60614

Bell, Wilson
1629 Carlisle Drive West
Mobile, AL 36618

Benji McDowell
12544 Honeychurch St
Raleigh, NC 27614

Benson, Mykel A
1791 Halfmoon Street NW
Palm Bay, FL 32907

Big Game USA
13835 Welch Road
Dallas, TX 75244

Blue Star Charters and Tours
8250 NE Martin Luther King Jr. Blvd.
Portland, OR 97211

Boles, Christopher
1011 Homer Street
Toledo, OH 43608

Bouldin, Daronte
110 Johnson Avenue
Canton, MS 39046

Bowen, Kevin
1568 Tarleton Street
Spring Valley, CA 91977

Boy Scouts of America
807 Kinnear Road
Columbus, OH 43212

Boyd, Shane
552 Glen Arvin Avenue
Lexington, KY 40508

Brandingmerchandise.com
28255 SE Wally Road
Boring, OR 97009

Brantley, Harold
651 Springhouse Lane
Hummelstown, PA 17036

Brian Buckley
704 Evergreen Circle
Las Vegas, NV 89107

Brian Perkins
14655 SW 76th Avenue, #1
Portland, OR 97224

Briggs, Christian
42349 Bateman Road
Franklinton, LA 70438

Brown, Arkeith
407 La Bradford
Bay City, TX 77414

Brown, Brandon
3768 Tortosa Court
San Ramon, CA 94583

Brown, Lamark
6316 Paddock Glen Drive, Apt: 303
Tampa, FL 33634

Brown, Marvis
6696 Hudnall Road
Orange, TX 77632

Brown, Sean Bernard
863 Macon Place
Uniondale, NY 11553

Browning, Paul J
1155 Bella Springs View, Apt: 514
Colorado Springs, CO 80921

Broxton, Jarell
787 Quince Orchard Road, Apt: 31
Gaithersburg, MD 20878

Bruno Silva
528 Live Oak Lane
Fort Lauderdale, FL 33327

Buck's Bags, Inc.
2401 W. Main Street
Boise, ID 83702

Bullock, Zackery E
4801 Mackerel Drive
Sebring, FL 33870

Bunn, Marinus
1870 Prince Edward Drive
Elon, NC 27244

Burgess, Jamaal
26443 Southwest 122nd Place
Homestead, FL 33032

Calloway, Derrick
6803 34th Avenue
Palmetto, FL 34221

Capital District Physicians' Health Plan
500 Patroon Creek Blvd.
Albany, NY 12206

Carlton Brown
c/o Leviton, Diaz & Ginocchio
1551 N. Tustin Avenue, Suite 850
Santa Ana, CA 92705

Carr, Gregory
2701 NE 7th Street, Apt: 511
Ocala, FL 34470

Carter, Deniko
2043 Hunting Ridge Drive
Owings Mills, MD 21117

Carter, Jeremy Rashaad
13001 Southeast 155th Avenue
Happy Valley, OR 97086

Casino Reinvestment Dev. Authority

Catamaran Media
2 North Route 9
Ocean View, NJ 08230

Cato-Bishop, Darryl
192 C Humboldt Avenue, Apt: 3
Boston, MA 02121

Cave, Ryan
1334 Shimmer Light Circle
Rock Hill, SC 29732

CBS Interactive, Inc.
24670 Network Place
Chicago, IL 60673

Center for Family Practice
8 Century Hill Drive
Albany, NY 12211

Chad Anderson
c/o Pro Athlete Law Group
401 B St #2350
San Diego, CA 92101

Chain Reaction Consulting LLC
112 Log Canoe Circle
Stevensville, MD 21666

Chandler, Thornton M
9322 Tracelawn Court
Humble, TX 77396

Chuck Kacsur Design
69 Shepard Lane
South Burlington, VT 05403

City of Philadelphia
Department of Revenue
P.O. Box 1393
Philadelphia, PA 19105

Clark, Anthony
11235 Minstrel Tune Drive
Germantown, MD 20876

Clark, Lane
3119 Thunderbird Circle
Hays, KS 67601

Clarke, Edward Patrick
17 Southeast 23rd Avenue
Cape Coral, FL 33990

Clifton Park Podiatry
1673 Route 9
Clifton Park, NY 12065

Cohen, Matthew
51 Cornell Drive
Plainview, NY 11803

Coleman, Alexander
2892 Ravenswood Court
Columbus, OH 43232

Collins, Brandon J
11902 Swan Drive
Austin, TX 78750

Collins, Lanford
5 Birkenhead Lane
Stafford, VA 22554

Columbia Anesthesia Group
P.O. Box 5157
Vancouver, WA 98668

Comcast Business
P.O. Box 34744
Seattle, WA 98124

Coney, AJ
1045 W. Highland Drive
Cocoa, FL 32922

Cook, Kenyattus
502 Ca;edon Court, Apt: 502
Greenville, SC 29615

Corbin, William D
207 n. Sampson Avenue
Dunn, NC 28334

Cornelius Dixon
c/o Pro Athlete Law Group
401 B St #2350
San Diego, CA 92101

Cort Business Services
P.O. Box 17401
Baltimore, MD 21297

Cottom, Brandon
152 Parsons Lane
Newtown, PA 18940

Cottrill-Lowe, Julian
3656 Noe Bixby Road
Columbus, OH 43232

Cox, Rakim
581 Marsh Harbor Drive
San Diego, CA 92154

Cozen O'Connor
P.O. Box 7247
Philadelphia, PA 19170

CRGO Intelluctual Property Law
7900 Glades Road, Suite 520
Boca Raton, FL 33434

CSC Corporate Domains, Inc.
P.O. Box 13397
Philadelphia, PA 19101-3397

CTL Management Inc.
Kings Court Apartments
16300 SW Estuary Drive
Beaverton, OR 97006

D.C. Arena L.P.
601 F Street NW
Washington, DC 20004

DaJohn Harris
c/o Howard Silber
2625 Townsgate Road, #330
Westlake Village, CA 91361

Dance! By Debra DiNote
208 E. Holly Ave.
Sewell, NJ 08080

Dangerfield, Jared A
1831 Waldorf Drive
West Palm Beach, FL 33411

Daniels, Sean T
26 knoll Drive
Blackwood, NJ 08012

Danze, Devonte A
6728 Crossbrook Lane
Pinson, AL 35126

Davenport, Svante
6941 University Drive West, Apt: 6206
Huntsville, AL 35806

David Crilly
815 1st Avenue
Duluth, MN 55810

DC Arena LP
601 F. Street, NW
Washington, DC 20004

Deaudra Dix
c/o Pro Athlete Law Group
401 B St #2350
San Diego, CA 92101

Deloatch, Romond
7401 Halprin Drive
Norfolk, VA 23518

Desert Orthopedic Center
P.O. Box 50509
Henderson, NV 89016

Dillon, Antron
12025 Citrus Falls Circle
Tampa, FL 33625

Discovery Litigation Services
P.O. Box 420247
Atlanta, GA 30342

Donte Brown
420 Orchard Avenue
Lansdowne, PA 19050

Dover, Thomas E
703 East 18th Avenue
Homestead, PA 15120

Drs. Mori Bean and Brooks PA
P.O. Box 116700
Atlanta, GA 30368

Druthers Brewing Company
381 Broadway
Saratoga Springs, NY 12866

Duane Morris LLP
30 South 17th Street
Philadelphia, PA 19103-4196

Dunmore, Oshay
1115 S. Pine Street
Newport, OR 97365

Durant, Schoeppel, Decunto & Ratchford
6550 St. Augustine Road, Suite 105
Jacksonville, FL 32217

Durbin, Tyler
1360 Sterling Silver Way
Columbus, OH 43240

Dust Bowl Artistry
125 Blue Stem Lane
Aledo, TX 76008

Duvalt, Darian C
116 Modest Street
Lakeland, FL 33805

Edge Arena
325 Log Canoe Circle
Stevensville, MD 21666

Edwards, Saqwan
9223 Portal Drive
Houston, TX 77031

Enterprise Holdings
1924 NE Columbia Blvd.
Portland, OR 97211-1925

Enterprise Rideshare
20400 SW Teton Avenue
Tualatin, OR 97062

Epps, Dezmon
6405 Friday Circle
North Highlands, CA 95660

Eric Crocker
c/o Pro Athlete Law Group
401 B St #2350
San Diego, CA 92101

Espinosa, Mason Daniel
118 Adams Street
Cookeville, TN 38506

Evans, Jerod X
602 Walnut Hollow Drive
Mansfield, TX 76063

ExamWorks, Inc
11010 White Rock Road, Suite 120
Rancho Cordova, CA 95670

Exos Athlete Performance AZ
2629 E. Rose Garden Lane
Phoenix, AZ 85050

Fance, Calvin
5814 Black Gum Drive
Houston, TX 77092

Ferns II, Adrian B
1629 Bruin St
Los Angeles, CA 90047

Finishline Pt and Sports LLC
2030 E. County Line road, Unit M
Littleton, CO 80126

FirstLight
P.O. Box 1301
Williston, VT 05495

Florida Sports and Family Heal
309 W. Bass Street
34741

Forrester, Malik
4501 Bonner Road
Baltimore, MD 21216

FP Mailing Solutions, Inc
P.O. Box 157
Bedford Park, IL 60499

Franczek Radelet P.C.
300 S. Wacker Drive, Suite 300
Chicago, IL 60606

Franklin Group
1856 Flatbush Avenue
Brooklyn, NY 11210

Fritz, Rodney V
8120 Willow Way
Kansas City, MO 64138

Gallington, Deveric
2510 Holly Brook Lane, #1016
Arlington, TX 76006

GE Capital
POB 105710
Atlanta, GA 30348

Genesis Sports Medicine and Rehabilitati
3890 Redwine Road, Suite 114
Atlanta, GA 30331

Germain Auto Group

Google
Dept. 33654
P.O. Box 39000
San Francisco, CA 94139

Goosby, Joseph L
9502 Connock Chase Drive
Houston, TX 77065

Gordon, James
1541 W. River Lane
Tampa, FL 33603

Gorman, Jabari T
2228 SW 81st Avenue
Hollywood, FL 33025

Government of the District of Columbia
1101 4th Street, SW, Suite W270
Washington, DC 20024

Grady, Thomas C
1 Stablegate Drive
Clifton Park, NY 12065

Grant, Antwane Emanuel Alexander
251 W. Dekalb Pike, Apt: EPH05
King of Prussia, PA 19406

Grant, Troy
10012 South 5th Street
Phoenix, AZ 85042

Gray, Paul A
6410 Celtic Drive SW
Atlanta, GA 30331

Gray, Reginald
14905 South Langley
Dolton, IL 60419

Guerad, Antonio
10204 Majestic Palm Circle
Riverview, FL 33578

Guerra, Fabian
7612 Juniper Street
Hollywood, FL 33023

Haag, Nicklas
6 Glade Street
Worcester, MA 01610

Haisley, Glen
7340 Briarheath Drive
New Orleans, LA 70128

Hall, Rodney
6060 W. Girard Avenue
Philadelphia, PA 19151

Hands-on-care
499 Blossom Hill Road
San Jose, CA 95123

Harlan, DeAntre
2621 Coldstream Drive
Fort Worth, TX 76123

Havrilla, Dennis
1174 Limeridge Drive
Concord, CA 94518

Hayes, Robert
102 West Maple Avenue
Sterling, VA 20164

HCI
P.O. Box 82910
Phoenix, AZ 85071

Henderson, Roderick L
3356 E. Tuskegee Circle
Montgomery, AL 36108

Henry Schein
135 Duryea Road
Melville, NY 11747

Hicks, Hayworth
4312 Maricopa Drive
Ames, IA 50014

Hills, Joseph
913 Fern Leaf Drive
Ruskin, FL 33570

Hippeard, Randall P
12993 Mallory Circle
Orlando, FL 32828

Historic Boardwalk Hall
2301 Boardwalk
Atlantic City, NJ 08401

Hobbs, Arthur L
2136 Caddy Druve
Marrero, LA 70072

Hobbs, Travonne
2136 Caddy Drive
Marrero, LA 70072

Hoffman's Exterminating Co. Inc.
532 Bridgeton Pike (Route 45)
Mantua, NJ 08051

Hollis, Dwayne
60 South Maple Court
Newport News, VA 23608

Homer, Tevin
6723 Red Reef Street
Lake Worth, FL 33467

Homewood Suites
1651 Western Avenue
Albany, NY 12203

Idegy Inc.
226 N. Fifth Street, Suite 220
Columbus, OH 43215

Imagetec
4509 Prime Parkway
McHenry, IL 60050

Indepedence Blue Cross
P.O. Box 8240
Philadelphia, PA 19101

Infinity Hair Salon & Spa
1223 Fort Hunter Road
Schenectady, NY 12303

Ings, Kendrick I
18306 Berwick Terrace
Hagerstown, MD 21740

Inland Orthopeadic Surgery
2500 W. A Street, Suite 201
Moscow, ID 83843

institute of Orthopaedic Surgery
P.O. Box 50509
Henderson, NV 89016

Isles, Nathan
6410 Celtic Drive SW
Atlanta, GA 30331

Ivory, Aaron
5154 East 88th Street
Cleveland, OH 44125

Jackson, Alvin R
427 Warren Street
Como, MS 38619

Jackson, Dexter T
894 Crest Drive E.
Jacksonville, FL 32221

Jackson, Laroche Q
2447 Parental Home Road
Jacksonville, FL 32216

Jacksonville Orthopeadic Institute
1325 San Marco Blvd., suite 200
Jacksonville, FL 32207

James, Tre
6123 Edlynne Road
Baltimore, MD 21239

Jeff Curtin
11223 SW 27th Avenue
Portland, OR 97219

Jeffrey Kafoury
4928 SE 49th
Portland, OR 97206

Jeremy Fisher
7608 Belhurst Avenue
Las Vegas, NV 89113

Jerome Raymond
1211 Carlisle Lnn Ct.,
Lawrenceville, GA 30044

Jet Wave Wireless
5228 Eisenhower Avenue
Alexandria, VA 22304

Jimmy Jesberger
13477 Trevose Road
Philadelphia, PA 19116

JLewis Small Company
POB 426
Elwood, IN 46036

JND Cleaners
3212 S. I-10 Service Road
Metairie, LA 70001

John Currier
10505 NE 24th Avenue
Vancouver, WA 98686

John Leighton
2236 Greenwich Street
Philadelphia, PA 19123

John Percich
16175 SW Vincent Street
Beaverton, OR 97078

Johnson, Jadar
4934 North Road
Orangeburg, SC 29118

Johnson, Kaleb
2873 Taylor Hill Drive
Jacksonville, FL 32221

Jomo Wilson
c/o Leviton Diaz & Ginocchio
1551 N. Tustin Avenue, #850
Santa Ana, CA 92705

Jones, Keiron A
22186 SW 60th Avenue
Boca Raton, FL 33428

Jones, Malachi
930 Summer Wind Place
Roswell, GA 30075

Jones, Torez D
2812 Lancaster Road
Wilson, NC 27896

Josh Vega
288942 SW Monte Carlo Avenue
Wilsonville, OR 97070

K&K Insurance Group
1712 Magnavox Way, P.O. Box 2338
Fort Wayne, IN 46801

Kanuch, Tuni
483 North 1220 West
Provo, UT 84601

Kanuck Productions
2021 Ocean Avenue, #325
Santa Monica, CA 90405

KDI
P.O. Box 1610
Media, PA 19063

KDI
200 Rocoosin Dr., Ste. 101-103
Aston, PA 19104

Keir, Michael
1700 South 28th Street
Philadelphia, PA 19145

Kevin Tarole
1606 Ravena Street
Bethlehem, PA 18015

Key Benefit Administrators
P.O. Box 55210
Indianapolis, IN 46205

Key Business Solutions
575 Virginia Drive
Fort Washington, PA 19034

Keyes, Denzel
2201 Rustic Circle
Kinston, NC 28504

Kimpton Palomar Hotel
Attn: Accounting Dept.
2121 P Street NW
Washington, DC 20037

Kinex Medical Company
1801 Airport Road, Suite D
Waukesha, WI 53188

Labratory Corp of America
P.O. Box 2240
Burlington, NC 27216

LaFrance, Royce L
3801 Inwood Drive
Harvey, LA 70058

Lambert, Davonte
10110 RoseMary Leaf Lane
Riverview, FL 33578

Laron Scott
c/o Pro Athlete Law Group
401 B St #2350
San Diego, CA 92101

Laughinghouse, Tyron
1005 Colonial Avenue
Greenville, NC 27834

Lauina, Fred
POB 1235
Pago Pago, AS 96799

Lawrence, Justin
7530 Monarch Mills Way, Apt. 404
Columbia, MD 21046

Leavitt, Tate
14205 Township Road 21
Thornville, OH 43076

Lee, Christopher
3185 Trident Lane
Woodbridge, VA 22193

Legacy Emmanuel Hospital
P.O. Box 4107
Portland, OR 97208

Leggett, Maurice
5770 Vinings Retreat Way SW
Mableton, GA 30126

Letuli, Jovann Tasi
666 King Street
Akron, OH 44311

Lewis, Cornelius
2124 Tuskegee Road
Jacksonville, FL 32209

Lewis, Darrell M
103 A Merritt Road
Abbeville, AL 36310

Lewis, Mark Andrew
345 White Oak Drive
Altamonte Springs, FL 32701

Liberty Mutual
P.O. Box 85307
San Diego, CA 92186-5307

Lincoln Holdings LLC
601 F Street, NW
Washington, DC 20004

Love, Damian T
134 Cantabury Lane
Millbrook, AL 36054

M-2 Productions
620 30th Street
Manhattan Beach, CA 90266

Mackey, Leon
79 Ball Farm Way
Wilmington, DE 19808

Maclaren, Malcolm Christopher
P.O. Box 161057
Altamonte Springs, FL 32716

Madison, Colin
1S252 Ingersoll Lane
Villa Park, IL 60181

Maiava, Lene
4181 E. 24th Street
Tucson, AZ 85711

MailFinance, a Neopost USA Company
478 Wheelers Farm Road
Milford, CT 06461

Mailfinance.com
478 Wheelers Farm Toad
Milford, CT 06461

Majoria Drugs
1805 Metairie Road
Metairie, LA 70005

Manley, Phillip-Keith A
7555 Black Squirrel
Hamilton, OH 45013

Marcus Trice
c/o Pro Athlete Law Group
401 B St #2350
San Diego, CA 92101

Martin, Nias
663 Eastern Parkway
Baltimore, MD 21206

Mason, Miles J
1467 W. 48th Street
Los Angeles, CA 90062

Mathis-Ellis, Jahlil
7389 Spoleto Loop
Fairburn, GA 30213

Mauia, Wesley L.
8440 South Las Vegas Boulevard
Las Vegas, NV 89123

Maurice Purify
c/o Madans Law Group
1416 Westwood Blvd.
Los Angeles, CA 90024

McCalister, Alex
633 Cambridge Farm Court
Kernersville, NC 27284

McGinnis, Willie
2317 Francis Avenue, Apt: 2317
Mansfield, MA 02048

McNeil III, Douglas
6724 Long Longhill Road
Gwynn Oak, MD 21207

McNeil, Raymond K
8203 Carraige Point Drive
Gibsonston, FL 33534

Medco Supply Co.
P.O. Box 21773
Chicago, IL 60673

Mediation Research & Education Project,
655 West Irving Park Road, Suite 2098
Chicago, IL 60613

Medicwest Ambulance
9 West Delhi
North Las Vegas, NV 89032

Mercury Luggage Mfg.
4843 Visitor Street
Jacksonville, FL 32207

Metro West Ambulance Inc.
609 NW Coast Street
Newport, OR 97365

Metz, Jake
860 Haldeman Road
Lederach, PA 19450

Milton Wicks
17 West 64th Street, Apt: 2A
New York, NY 10023

Mitchell D. Bluhm & Associates, LLC
2222 Texoma Parkway, Suite 160
Sherman, TX 75090

MJ Pelkey Pavement Maintenance
14 Willowbrook Lane
Cohoes, NY 12047

Moody, Justin
142 South Adams Street
Petersburg, VA 23803

Moore, Terence
900 Woodburn Drive
Columbus, GA 31907

Moran Rowen & Dorsey
P.O. Box 14005
Orange, CA 92863

Morgan Linen Service
145 Broadway
Albany, NY 12204

Morgan, Donovan K
2819 Firecrest Drive
Katy, TX 77494

Morgan, Maurice
3151 Ricky Court
La Grange, NC 28551

Morris, Shane
30339 Moulin Avenue
Warren, MI 48088

Morton, Kenny
1707 N. Hall Street, Apt: 183
Dallas, TX 75204

MR Connect
P.O. Box 14244
Lexington, KY 40512

Mudge, Jordan
1530 N. Pomerene Road
Benson, AZ 85602

Muhammed, Brad
4034 18th Avenue S.
Saint Petersburg, FL 33711

Myers, Donald J
16244 Neabsco Road
Woodbridge, VA 22191

Myers, Spencer T
103 South Red Maple Street
Selinsgrove, PA 17870

Nadler, Liam
10550 Road C
Leipsic, OH 45856

National Union Fire Ins. Co. of Pittsbur
175 Water Street, 18th Floor
New York, NY 10038

NCH Physician Group
801 Anchor Rode Drive, Suite 300
Naples, FL 34103

Neal, DeJuan
1564 Columbia Beach Road
Shady Side, MD 20764

Nelson, Arvell
9604 Yale Avenue
Cleveland, OH 44108

Nemeth, Ernest
2659 Nottingham Way, Apt: 2
Trenton, NJ 08619

New Orleans City Park Improvements Assoc
1 Palm Drive
New Orleans, LA 70124

Newell, Keith
655 Lamberton Street
Trenton, NJ 08611

Neysmith, Lenroy
118 Maple Street
Meriden, CT 06451

Nixon, Rory
1403 Peabody Drive
Hampton, VA 23666

Norman, Marrio
295 Boulder Drive
Roswell, GA 30075

Norrils, Eddie C
2730 E. Candlestick Court
Toledo, OH 43615

Northington, Kiante
2131 Middle Lane
Louisville, KY 40216

Northshore University Health System
23056 Network Place
Chicago, IL 60673

NYS Office of Parks, Rec.&Historic Pres.
625 Broadway
Albany, NY 12207

NYSIF
199 Church Street
New York, NY 10007

O'Brien, Patrick
716 E. Iredell Avenue
Mooresville, NC 28115

Obi, Fredrick O
295 Boulder Drive
Roswell, GA 30075

Obi, Kenekukwu
5730 E. Candlestick Court
Toledo, OH 43615

Odie D. Armstrong
c/o Leviton Diaz & Ginocchip
1551 N. Tustin Avenue. #850
Santa Ana, CA 92705

Offray, Juwan
4718 Citrus Drive
New Orleans, LA 70127

Oklahoma Sports Consultant, LLC
3130 Woodward Blvd.
Tulsa, OK 74105

Onameh, Sydney
5151 Sassareas Road
Columbus, OH 43229

Omarr Smith
43235 W. Wild Horse Trail
Maricopa, AZ 85138

One Beat CPR Learning Center, Inc.
4350 Oakes Road, Suite 500
Fort Lauderdale, FL 33314

Optimal Health Chiro. & Physical Therapy
6106 Black Horse Pike, Unit A3
Egg Harbor Township, NJ 08234

Oracle America, Inc.
Bank of America Lockbox Services
15612 Collections Center Drive
Chicago, IL 60693

Oracle America, Inc.
500 Oracle Parkway
Redwood City, CA 94065

Oracle Netsuite
500 Oracle Parkway
Redwood City, CA 94065

Orchid Medical
3449 Momentum Place
Chicago, IL 60689

OrthoNY, LLP
121 Everett Road
Albany, NY 12205

Outlaw, Lonnie J
1107 4th Avenue
Rochelle, GA 31079

Outsey, Jameer
61 Brookside Avenue
Somerville, NJ 08876

P.R.O.S. Corporate Housing LLC
11211 N Tatum Blvd Suite 220
Phoenix, AZ 85028

Pacific Office Automation
14747 NW Greenbrier Parkway
Beaverton, OR 97006

Paciolan
5291 California Avenue, Suite 100
Irvine, CA 92617

Palka, Tyler
10312 Stark Street
Temperance, MI 48182

Parker, Anthony
15741 NE 15th Street
Miami, FL 33162

PBS Anesthesia
3157 N. Rainbow Blvd., #518
Las Vegas, NV 89108

PCG-SDM Holdings, LLC
5646 Milton Street, Suite 895
Dallas, TX 75206

Pepsi Co.
1 Pepsi Cola Drive
Albany, NY 12210

Peter R. Meyers
360 East Randolph Street, Suite 3104
Chicago, IL 60601

Peterson, Craig G
1231 Peaceable Street
Ballston Spa, NY 12020

Philips, Ervin
27 Meadowbrook Court
West Haven, CT 06516

Phillips, Alfred
538 N. 2040 East
Spanish Fork, UT 84660

Physical Therapy and Hand Center
8080 Bluebonnet Blvd., Suite 110
Baton Rouge, LA 70810

Physiotherapy Associates Inc.
P.O. Box 636002
Littleton, CO 80163

Pioneer Bank
652 Albany-Shaker Road
Albany, NY 12211

Pivot Physical Therapy
P.O. Box 1345
Westminster, MD 21158

Portland General Electric
P.O. Box 4438
Portland, OR 97208

Powell, Damond
3500 Summercourt Drive
Jonesboro, GA 30236

Powell, Joe M
2818 Ambler Avenue
Portsmouth, VA 23707

Prince, Darius Q
120 Main Entrance Drive
West Mifflin, PA 15122

Pro Athlete Law Group
401 B St #2350
San Diego, CA 92101

Prodigy Sports, LLC
83 South St. Ste. 206
Freehold, NJ 07728

Professional Sportscare and Rehab
P.O. Box 1100
Westminster, MD 21158

PROS Housing
11211 N Tatum Blvd
Suite 220
Phoenix, AZ 85028

Quarles & Brady LLP
Two North Central Avenue
Phoenix, AZ 85004

Quest Diagnostics
12323 Collections Center Drive
Chicago, IL 60693

Quest Records
16 Bronze Pointe
Belleville, IL 62226

Randy Gatewood
947 W. Wendy Way
Gilbert, AZ 85233

Raudabaugh, Daniel D
736 Meadowlark Lane
Coppell, TX 75019

Raymond Sterling
600 Bartonsville Road
Frederick, MD 21704

Ready Refresh
P.O. Box 856192
Louisville, KY 40285-6192

Reconstructive Orthopedics, P.A.
4A Eves Dr., Ste. 100
Marlton, NJ 08053

Reese, Joshua C
2522 NW 88th Street
Miami, FL 33147

Regis, Micanor
POB 1991
Belle Glade, FL 33430

Rehab Arizona
265000 Agoura Road, Suite 102-587
Calabasas, CA 91302

Renewal by Anderson
761 5th Ave., #3
King of Prussia, PA 19406

Repeat Business Systems, Inc.
4 Fritz Blvd.
Albany, NY 12211

Revis, Paul
51999 SE 6th Street
Scappoose, OR 97056

Reynolds, Darius
1501 Little Gloucester Road, L10
Blackwood, NJ 08012

Richard Ranglin
c/o Pro Athlete Law Group
401 B St #2350
San Diego, CA 92101

Richardson, Jeramie
5512 Tribune Way
Plano, TX 75094

Riddell/ All American Sports Corp.
7501 Performance Lane
North Ridgeville, OH 44039

River City Rush Delivery
8916 NE Alderwood Road
Portland, OR 97220

Roberts, Roosevelt
101 Ladd Street
Enterprise, AL 36330

Robin Hammond
c/o Rhonda H. Wills - Wills Law Firm
1776 Yorktown, Suite 570
Houston, TX 77056

Robinson, Jamal
1011 Vista Alegre Court
Bowie, MD 20721

Robinson, Tyrell
1313 Las Brisas Drive
Santee, CA 92071

Rodney Fritz
c/o Pro Athlete Law Group
401 B St #2350
San Diego, CA 92101

Romain, James
106 Beach 59th Street, Apt: 203
Arverne, NY 11692

Ron Callan
643 3rd Street
Lake Oswego, OR 97034

Rose, Robert
5245 Fallston Court
Westerville, OH 43081

Rosedale Ice Company
2700 Annapolis Road
Baltimore, MD 21230

Ross, Joel
9615 Main Street
Damascus, MD 20872

Ross, Marvin
5260 Collins Road, Unit 1405
Jacksonville, FL 32244

Rosser, Darius
111 Miller Drive
Marion, AR 72364

Rowley, Kyle
17 Highland Avenue
Lincoln, RI 02865

Ruff, Frederick
2125 N. 30th Street
Philadelphia, PA 19121

Ruffins, Moqut
1701 San Pablo Road S, Apt 1008
Jacksonville, FL 32224

Rumph, Donte D
3900 City Avenue, Apt: A603
Philadelphia, PA 19131

Russell, Faleaoga
4104 Georgia Street
San Diego, CA 92103

Russell, Grant
389 Catalina Drive
Newark, OH 43055

Ryan O'Donnell
3306 Arch Street, Apt 1F
Philadelphia, PA 19104

Sainvil, Vernon
317 South Spring Street
Geneseo, IL 61254

Samuel Tupua, Jr.
c/o Pro Athlete Law Group
401 B St #2350
San Diego, CA 92101

Samuels, Kyron
205 5th Avenue Northeast
Jacksonville, AL 36265

Santiam PT
7201 W. Clearwater Avenue, B101
Kennewick, WA 99336

Sawyer's Screen Printing and Embroidery
10 Hallwood Road
Delmar, NY 12054

Seither, Nicholas A
1911 Vanda Avenue
Hamilton, OH 45013

Select Physical Therapy Holdings
P.O. Box 643407
Pittsburgh, PA 15264

Seneca Insurance Company Inc
160 Water Street, 16th Floor
New York, NY 10038

Sesay, Brandon R
680 S. Eugenia Place NW
Atlanta, GA 30318

Sims, Quentin L
445 Pintail Drive
Loveland, OH 45140

SMG
300 Four Falls Corporate Center
300 Conshohocken State Rd., Ste. 450
Conshohocken, PA 19428

Smith, Jakobi
875 Northwest 13th Court, Apt: 316
Boca Raton, FL 33486

Smith, Khreem A
8450 Sherman Circle North, #E206
Hollywood, FL 33025

Smith, Marquis
2933 Edgewood Road
Bryans Road, MD 20616

Smith, Terrance R
14771 Del Sol Court
Chino Hills, CA 91709

Smith, Warren
249 Birch Lane
Forked River, NJ 08731

Solomon Apartments Management
92 River Road
Summit, NJ 07901

Sonie, Varmah
POB 3022
Burnsville, MN 55337

Southwick, Daniel
500 N. 21st Street, Apt: 222
Philadelphia, PA 19130

Sovereign Rehab of Georgia
1301 Sigman Road NE, suite 220
Conyers, GA 30012

Spectrum Arena Limited Partnership
3601 South Broad Street
Philadelphia, PA 19148

Spectrum Arena, LP
P.O. Box 2424
Philadelphia, PA 19147

Spencer, Kenneth
1 Chelsea Avenue, Apt: 1-207
Long Branch, NJ 07740

Spike's Trophies Limited
2701 Grant Avenue
Philadelphia, PA 19114

Sports Medicine Oregan
7300 SW Childs Road, Suite B
Portland, OR 97224

Sports Recovery Lab, LLC
56 N. Haddon Avenue, Lower Level
Haddonfield, NJ 08033

Sportsfield Specialties, Inc.
41155 NY-10
Delhi, NY 13753

Sportsplex of Halfmoon, Inc
6 Corporate Drive
Clifton Park, NY 12065

Stack Sports Performance & Therapy
1232 Collier Road NW
Atlanta, GA 30318

Stephen B. Goldberg
Dispute Resolution Services
6555 W. Irving Park road, Suite 2098
Chicago, IL 60613

Stephens, Brandon
19348 Bankers House Drive
Katy, TX 77449

Stephens, Demetres
11894 Vanport Avenue
Sylmar, CA 91342

Stephens, Isaiah
400 South Dupont Highway, Apt. 100
New Castle, DE 19720

Stevens, Tony C
4771 Wren Court
Charlottesville, VA 22911

Stevens, Tony L
5001 Londonberry Blvd.
Orlando, FL 32808

Stevenson, Larico
1651 Red Banks Road N.
Byhalia, MS 38611

Still, Rashad
4317 Loma Diamante Drive
El Paso, TX 79934

StoneRiver Pharmacy Solutions
P.O. Box 17124
Memphis, TN 38187

Stoshak, Jenson
3314 Hermitage Road East
Jacksonville, FL 32277

Summers, Derrick
3218 Haynes Park Drive
Lithonia, GA 30038

Summit Anesthesia Consultants
1801 W. Olympic Blvd., File 1644
Pasadena, CA 91199

Sunbelt Rentals, Inc.
P.O. Box 409211
Atlanta, GA 30384

Sykes, Trumaine Joe
4 St. Francis Lane
Schenectady, NY 12304

Taylor, Collin
10260 Otter Place
Carmel, IN 46033

Taylor, Terrance T
930 Washington Avenue
Muskegon, MI 49441

TechEast Fire & Water Restoration
28 Emerick Lane
Albany, NY 12211

Testan Law
1801 West Olympic
Pasadena, CA 91199

Texas Orthopedic Associates LLP
8210 Walnut Hill Lane, Suite 1301-LB11
Dallas, TX 75231

The Ohio State University
on behalf of its Wexner Medical Center
2835 Fred Taylor Drive, Ste. 2229
Columbus, OH 43202

The Orthopedic Clinic Association
P.O. Box 664014
Dallas, TX 75266

The Team Productions
503 South Front Street, Suite 250
Columbus, OH 43215

Third Street Properties, LTD
33 N. Third Street
Suite 500
Columbus, OH 43215

Third Street Properties, Ltd.
33 North Third Street, Ste. 500
Columbus, OH 43215

Thomas, Jordan
17502 Loring Lane
Spring, TX 77388

Thompkins, Brandon
2904 Hamilton Key
West Palm Beach, FL 33411

Thompkins, Kendal
5305 San Antonio Avenue
Orlando, FL 32839

Thompson Court Reporters, Inc.
1017 W. Washington Blvd., Suite 2F
Chicago, IL 60607

Thompson, Trenton
8201 N. Sterling Lake
Covington, GA 30014

TIAA Commerical Finance, Inc.
P.O. Box 911608
Denver, CO 80291

Ticketmaster
14643 Collection Center Frive
Chicago, IL 60693

Tiller, Aaron
974 Jefferson Chase Way
Blacklick, OH 43004

Tim Cheatwood
c/o Leviton, Diaz & Ginocchio
1551 N. Tustin Avenue, Suite 850
Santa Ana, CA 92705

Tivis, Neal
521 E. Windsor Drive, Apt: 101
Denton, TX 76209

Total Orthopedics
4700S. Wadsworth Blvd.
Littleton, CO 80123

Total Turf Experience
614 Lambs Road
Pitman, NJ 08071

Total Turf Experience, LLC
614 Lambs Road
Pitman, NJ 08071

Trail, Lynden
3820 Headwind Lane
Portsmouth, VA 23703

Transfinder
440 State Street
Schenectady, NY 12305

Travelers
Dept. 12787
P.O. Box 660333
Dallas, TX 75266

Trevino, Adrian K
2092 Lynnemarie Drive
Merced, CA 95341

TRG, LLC
P.O. Box 25180
Portland, OR 97298

Tribue, Wayne
2730 coldspring Road
York, PA 17404

Trifecta Sports and Entertainment LLC
201 Laurel Road, 7th Floor
Voorhees, NJ 08043

Tufunga, Siosifa V
3592 Ganador Court
Riverside, CA 92503

Tulane University Hospital and Clinic
P.O. Box 402872
Atlanta, GA 30384

Tulane University Medical Group
P.O. Box 54431
New Orleans, LA 70154

UC Health
P.O. Box 630911
Cincinnati, OH 45263

UCLA Health Physician Services
P.O. Box 748156
Los Angeles, CA 90074

Uitalia, Kasimili
1444 300th Avenue
Lengby, MN 56651

United Concordia
P.O. Box 827377
Philadelphia, PA 19182

United Healthcare
Springfield Service Center
P.O. Box 30555
Salt Lake City, UT 84130

University of Cincinnati Physicians, LLC
P.O. Box 630861
Cincinnati, OH 45263

Unum
2211 Congress Street
Portland, ME 04122

Upside Collective
80 State Street, 2nd Floor
Albany, NY 12207

Vanguard
c/o Ascensus
P.O. Box 28067
New York, NY 10087

Vanguard / Ascensus, LLC
200 Dryden Road
Dresher, PA 19025

Veritext Midwest
P.O. Box 71303
Chicago, IL 60694

Veritext, LLC
P.O. Box 71303
Chicago, IL 60694

Victorian, Josh J
305 Turtle Creek
Saint Rose, LA 70087

Virgil Gray
c/o Tim English
3150 Almeden Expressway, #147
San Jose, CA 95118

Virtua Center for Surgery
P.O. Box 95000-4265
Philadelphia, PA 19195

Virtua Health, Inc.
302 Lippincott Dr., 2nd Fl.
Marlton, NJ 08053

Virtua West Jersey
P.O. Box 85008032
Philadelphia, PA 19178

Vogel, Jacob
12 Deire Drive
Sparta, NJ 07871

VoiceGalaxy Productions
395 Houghton Road
Northfield, OH 44067

Voiceplus
6625 S. Valley View Blvd., #416
Las Vegas, NV 89118

Voorhees Fire District
423 Cooper Road
Voorhees, NJ 08043

Warren, Jeremiah E
1401 Magnolia Avenue
Panama City, FL 32401

Wascha, Aaron P
9016 Hatt Road
Linden, MI 48451

Weathers, Caylon
7255 Germantown Trail
Memphis, TN 38125

Weaver, Michael-Anthony
106 Evergreen Avenue
Elmira, NY 14905

Weil, Gotshal & Manages LLP
767 Fifth Avenue
New York, NY 10153

Wheelwright, Robert
5598 Worcester Drive
Columbus, OH 43232

White Winston Select Asset Funds, LLC
265 Franklin Street, Suite 1702
Boston, MA 02110-3144

White, Lorenzo
2816 Northwest 15th Court
Fort Lauderdale, FL 33311

Wiggins, Gavin
550 Monastery Avenue
Philadelphia, PA 19128

Williams, Jordan
5370 Armor Duells Road
Orchard Park, NY 14127

Williams, Milton D
4920 Fort Totten Drive, Apt: 31
Washington, DC 20011

Wilson High School
1151 SW Vermont
Portland, OR 97219

Wilson, Reggie
5112 Roxie Street
Haltom City, TX 76117

Windsor, Rodrikus
1320 N. McQueen Road, Apt: 2011
Chandler, AZ 85225

Windy Hill Hospital
P.O. Box 406173
Atlanta, GA 30384

Worldwide Express
610 Warrendale Road
Gibsonia, PA 15044

Xfinity
P.O. Box 34744
Seattle, WA 98124

Xtreme Physical Therapy
3300 Hehrman Place
New Orleans, LA 70114

Yes Energy Management; CTL Management
16300 Estuary Drive
Beaverton, OR 97006

Young, Curtis D
681 E. 113th Street
Cleveland, OH 44108

Young, Domonique
9333 Crenshaw Blvd.
Cleveland, OH 44108

Young, Kenric
4151 NW 43rd Street
Gainesville, FL 32606

**United States Bankruptcy Court
District of Delaware**

In re **Arena Football League LLC**

Debtor(s)

Case No. _____

Chapter **7**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Arena Football League LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Anacostia Sports

Trifecta Sports Entertainment, LLC

☐ None [*Check if applicable*]

November 27, 2019

Date

/s/ Michael R. Lastowski

Michael R. Lastowski

Signature of Attorney or Litigant

Counsel for **Arena Football League LLC**

Duane Morris LLP

222 Delaware Avenue, Suite 1600

Wilmington, DE 19801-1659

302-657-4900 Fax:302-657-4901

MLastowski@duanemorris.com